DOCUMENT RESUME

ED 122 937 PS 008 567

AUTHOR Jones, Mary Ann; And Others
TITLE A Second Chance for Families: Evaluation of a Program to Reduce Foster Care.
INSTITUTION Child Welfare League of America, Inc., New York, N.Y.
SPONS AGENCY New York State Dept. of Social Services, Albany.
PUB DATE Jan 76
NOTE 143p.
AVAILABLE FROM Child Welfare League of America, Inc., 67 Irving Place, New York, New York 10003 (Paper, $4.00)

EDRS PRICE MF-$0.83 HC-$7.35 Plus Postage.
DESCRIPTORS Child Welfare; Comparative Analysis; Day Care Services; Demography; Demonstration Projects; Evaluation Methods; Family Counseling; Family Environment; Family Problems; *Family Programs; *Foster Children; *Program Evaluation; *Social Services; *State Programs; Visiting Homemakers; Vocational Counseling
IDENTIFIERS *New York State Preventive Services Project

ABSTRACT

This document presents an evaluation of the New York State Preventive Services Demonstration Project, which provides services to families in distress to shorten or prevent the placement of children in foster care. A total of 549 cases, involving 992 children, were involved in the 1-year study. The experimental group of 373 cases received services from the demonstration project, while the control group of 176 cases was handled through regular child welfare agency channels. Services were provided in five major areas: family counseling, homemaker services, day care services, educational services, and information and referral services. The effectiveness of the intensive service provided in the demonstration units as compared with the regular program was strongly supported by the consistently more favorable outcomes for experimental than control cases. (BRT)

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A SECOND CHANCE FOR FAMILIES

Evaluation of a Program to Reduce Foster Care

Mary Ann Jones
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Ann W. Shyne

This evaluation of the New York State Preventive Services Project was carried out under contract with the New York State Department of Social Services.

Research Center
Child Welfare League of America, Inc.

January 1976

PS 008567

Library of Congress Catalog Card Number: 76-1518

ISB Number: 0-87868-158-2

ACKNOWLEDGMENTS

The research reported here and preparation and publication of the report were funded through a contract with the New York State Department of Social Services. We are appreciative to the department for the opportunity it afforded the Child Welfare League to analyze and evaluate several demonstrations undertaken to assess the effectiveness of services to families of children at risk of placement in diminishing that risk. It is the position of the League that adequate services should be provided to support and supplement parents in meeting the needs of their children so that separation of a child from his family can be avoided whenever possible, and that, when foster placement is necessary, appropriate services should be offered parents to help them toward early resumption of care of the child. In a paper commissioned by the Office of Child Development in 1973, we made this recommendation:

> Experimental programs to assist parents to achieve greater parental competence should be encouraged and funded. Such programs should be directed both to avoiding separation of the child from his family and to facilitating return of the child who is placed.[1]

The New York State Preventive Services Demonstration Project is such an experimental program, and one that we believe has implications for service planning not only in New York State, but throughout the field.

We are well aware that research requirements as to structuring the demonstrations and as to reporting imposed substantial burdens on the participating agencies. We express our appreciation to the agency administration and staff. The project was carried out in the Monroe County Department of Social Services, the Westchester County Department of Social Services, and Special Services for Children (SSC) in the New York City Human Resources Administration. In Monroe and Westchester Counties the demonstration services were provided by special units within the public departments. In New York City cases were referred by the public departments to special units within the following local voluntary agencies:

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1. Foster Care--Current and Future Directions. New York: Child Welfare League of America, 1973 (mimeo), page 48.

Angel Guardian Home
Brooklyn Bureau of Community Service
Children's Aid Society
Joint Planning Service of the Jewish Board of Guardians and Jewish Child Care Association
Louise Wise Services
Queensboro Society for the Prevention of Cruelty to Children
Staten Island Reception Center of the New York Foundling Hospital

The Child Welfare Information Services was extremely cooperative in helping us locate New York City control cases for purposes of followup. The staff of the special Monitoring Unit established for the duration of the project in SSC was invaluable in managing the referral of cases in New York City and in ferreting out followup information on some of the control cases. And seven nonparticipating child care agencies were most cooperative in completing outcome schedules on control cases.

To list all of the persons who have facilitated our efforts would be difficult if not impossible. Elizabeth Currie, the project coordinator in the New York State Department, has our special thanks for greasing the bureaucratic wheels for the entire project, as does Melvyn Hester in SSC, who had a particularly difficult role in mediating among the various parties to the undertaking.

The demonstration project staffs were an unusually energetic, dedicated and imaginative team. Every member has our warm thanks, but we single out for mention only the project directors and supervisors, the importance of whose leadership cannot be overstated:

Janet Clogston, Children's Aid Society
Barbara Cruse and Bernard Gold, Angel Guardian Home
Elizabeth Elwyn, Brooklyn Bureau of Community Service
Gerald Goldman, Staten Island Reception Center
Hannah Nakhshab, Louise Wise Services
Elizabeth O'Hare and Christiane Biagi, Westchester County Department of Social Services
Marilyn Raab, Joint Planning Service
Eloise Runion, Monroe County Department of Social Services
Anthony Siracusa, Queensboro SPCC

A word may be appropriate about the role of League staff. The writer was primarily responsible for the initial planning and has kept a finger in the pie throughout. Mary Ann Jones, an M.S.W. with several years of research experience at the Family Service Association of America, joined the staff as study director prior to the operational phase, and carried major responsibility for all phases of the project

from schedule design through data analysis and report writing. She had the able assistance of Renee Neuman, who has been on the staff of the League's Research Center for nearly 10 years.

A special word of thanks goes to Karen Brown, who not only typed innumerable drafts of this report and of the several data collection instruments but carried all other secretarial responsibilities on the project for its duration.

Ann W. Shyne, Ph. D.
Director of Research

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INTRODUCTION

In the spring of 1973 the Legislature of the State of New York authorized the establishment of demonstration projects to test "the feasibility of preserving the family unit by providing services to eliminate the need for foster care and to prevent its recurrence."[1] This authorization, which became Chapter 911 of the Laws of New York, 1973, appropriated $500,000 in state funds to be used on a matching basis with participating local social service districts for 1 year of demonstration services. In addition, the State Commissioner of Social Services was authorized, subject to the approval of the Director of the Budget, to allocate additional departmental funds to extend the demonstration if warranted. The Commissioner allocated $611,043 of Title IV B funds to permit a sufficiently large sample for meaningful results, to finance the evaluation, and to extend the project for an additional 4 months in order to protect the integrity of the demonstration for the full year of operation that was to be evaluated.[2]

The projects were to include "intensive family casework services designed a) to preserve the family unit and thereby prevent the need for substitute care or placement of children; and b) to provide aftercare services for families whose children have been in foster care." The intensive family services were to be provided to those cases where a social services official had made a finding that the children would be placed in foster care in the absence of the services and where it was likely that the provision of the special services would enable the child to remain with

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1. Chapter 911 of the Laws of New York, 1973. A copy of the law is included as Appendix A.

2. All participating districts were able to make last-minute arrangements to continue the preventive service program beyond the 4-month extension of the project.

his or her family.[3] In the guidelines for the demonstration prepared by the State Department of Social Services (DSS), five categories of services were mandated for inclusion in the projects, either through direct provision by project staff or through arrangements with other agencies. Those services were: counseling, homemaker, day care, vocational and educational, and information and referral.

Local social service districts were invited to submit plans for such projects to the Commisioner of Social Services. Ultimately three social service districts and nine separate agencies were selected as the sites for the demonstration projects. The three districts were New York City, Westchester County and Monroe County. In New York City, Special Services for Children, which purchases most of its child care services from private agencies, solicited proposals for participation in the demonstration from private child care agencies. Seven such agencies were selected for the demonstration: Angel Guardian Home, Brooklyn Bureau of Community Service, Children's Aid Society, Joint Planning Service of the Jewish Board of Guardians and Jewish Child Care Association, Louise Wise Services, Queensboro Society for the Prevention of Cruelty to Children, and the Staten Island Reception Center of the New York Foundling Hospital. The other two demonstration projects were established within the Children's Services of the public Departments of Social Services in Westchester County and in Monroe County. Of the nine agencies in the demonstration, then, seven were private and two were public. Further description of the participating agencies is given in Chapter 2.

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3. The guidelines on cases to be included in the demonstration were later expanded to include three additional categories of children: those currently in placement where the services could hasten the return home, those where the services were needed to free the child for adoption, and those where the child was thought likely to go into placement within 6 months but who was not currently on active referral for placement. These accommodations were necessary in order to enlarge the pool of cases from which the caseloads could be drawn. It was felt that the accommodations were consistent with the overall aim of the project, viz, to provide a permanent, stable home for children and to reduce the incidence and duration of separation of children from their families. The types of cases accepted for the demonstration are discussed in greater detail in Chapter 2 of this report.

The guidelines developed by the State DSS also provided for the employment of an outside organization to conduct the evaluation of the project. The Child Welfare League of America was selected for this task. The report that follows is the final report of the Child Welfare League on the Preventive Services Demonstration Project. It contains the background of the project, a description of the procedures, the sample, the outcomes, an analysis of the outcomes, discussion and recommendations.

Chapter 1

THE DEMAND FOR SERVICES TO PREVENT OR SHORTEN FOSTER CARE PLACEMENT

The Preventive Services Demonstration Project represented a major advance in the growing drive for the provision of services to keep children with their natural families whenever possible. This drive can be seen in other areas in addition to foster care, as in the efforts to return children from institutions for the mentally ill and mentally retarded to their communities and families,[1] and to divert children adjudicated as PINS (Persons in Need of Supervision) and delinquents from correctional facilities.[2]

Maintaining dependent and neglected children in their own homes has not always been the favored policy. With the poverty and social dislocation of urbanization and industrialization in the United States during the 19th century came the problem of growing numbers of children who could not be adequately cared for by their parents. Public assistance did not exist. Charity was administered privately and on the basis of the "worthiness" of the applicant. Almshouses, jail, begging and, frequently, early death, were the lot of the "unworthy" poor.

Children of poor families suffered the same fate as their parents. By 1866 more than 26,000 children under 16 years of age were confined to almshouses in New York State alone, often under shocking conditions.[3] An aroused public sentiment resulted in the passage of the Children's Act of 1875 of the State of New York, which forbade the incarceration of children in almshouses. New ways of providing for dependent and neglected children began to be developed. Children's institutions and

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1. Changing Patterns in Residential Service for the Mentally Retarded, Robert B. Kugel and Wolf Wolfensberger, editors. Washington, D.C.: President's Committee on Mental Retardation, January 10, 1969.

2. See, for example, Yitzhak Bakal, "The Massachusetts Experience," Delinquency Prevention Reporter, April 1973; and Jerry Koshel, Deinstitutionalization-Delinquent Children, Washington, D.C.: Urban Institute, December 1973.

3. Much of the historical discussion is drawn from two reports of the New York State Department of Social Services: Foster Care of Children in New York State, Program Analysis Report No. 54, February 1974, and Annual Report on Delivery of Child Welfare Services in New York State 1974-1975 (in press).

orphan asylums multiplied rapidly. Apprenticeship, indenture, binding out, and placing out were various names and arrangements for the placement of children with adults who would provide room and board, and possibly training, in return for the children's labor. Although this arrangement often worked well, the child was at the mercy of his sponsor. Instances of exploitation and cruelty became frequent, and these methods, too, fell into disfavor. Finally, the present-day "boarding-out" system of reimbursing local private families for the care of children placed with them became the dominant pattern of foster care. In New York State, unlike other areas of the country, the responsibility for the provision of foster care became lodged with private agencies and institutions, which were, in turn, reimbursed by the responsible county or township for the care of the children on a per capita basis. Today, although foster care in most of New York State is provided directly by the local public social service departments, this purchase-of-service system, which was known as far back as 1894 as the "New York System," still largely prevails in New York City.

The policy of providing money directly to poor families so that they could maintain their own children at home did not begin to gain favor until the early 20th century. The first White House Conference on Children, held in 1909, issued a statement that "children should not be deprived of home life except for urgent and compelling reasons. . . homes should not be broken up for reasons of poverty, but only for. . . inefficiency or immorality."[4] This policy led to the establishment of widow's or mother's pensions and ultimately to the present public assistance program of Aid to Families with Dependent Children (AFDC).

From the Great Depression of the 1930s through the Great Society of the 1960s, the federal and state commitment to the provision of social services as well as financial aid flourished. The service programs were intended to reduce or eliminate economic dependency and preserve the family unit. "Home services programs," containing such services as day care and homemaker service, were encouraged in child welfare. This trend was reversed in July 1972, when, disillusioned with the results and alarmed by rising costs, Congress placed a $2.5 billion nationwide ceiling on the federal funding of social services, and again in 1973, when the federal government mandated the separation of social services from financial assistance. Since that time, it has become more difficult to provide alternatives to foster care.

In social services as in medicine, when preventive services must compete for funding with remedial services, the preventive services lose out. By definition, cases served with a view toward preventing some future

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4. Alfred Kadushin, Child Welfare Services, New York: Macmillan, 1967, page 124.

event are not so dire as cases where that event has already occurred or is unavoidable. The more serious situation must be attended first even if that means, as it often does, that all available resources are consumed in the process. What should be the last resort becomes the first and only resort.

The renewed drive to assert the principle of working with families to enable children to remain in their own homes has several sources: alarm at the increase in incidence and costs of foster care in the last decade; a conviction that many children go into care unnecessarily and remain there unnecessarily long; and concern about the effects of removing children from their homes.

The increase in the number of children in foster care in the United States over the last decade has been dramatic: in 1960, 3.7 per 1000 children under 18 years of age were in foster care, by 1970 the rate had risen to 4.7.[5] New York State, always in advance of the national figures on foster care, had 46,567 children in foster care in 1971, or 7.6 per 1000. Over half of the New York children in foster care are in New York City, where 26,254 were in foster care in 1971, or 11.3 per 1000 children.[6] The number of children in foster care, at public charge, in New York City increased by 53% from 1960 to 1973, a rate of increase 10 times the rate of increase in children under 18 in New York City during the same period.[7]

Concurrent with the growth in foster care was a decrease in the proportion of children whose foster placement was paid for by other than public funds (private charges now represent only about 3% of all dependent and neglected children in placement in New York State) and a decrease in the proportion of total foster care expenditures in New York State coming from private sources (about 9% in 1971). The one thing that increased was, of course, the cost of providing foster care. On a statewide basis, total foster care expenditures increased from $178.5 million in 1968 to $212.9 million in 1971, an increase of nearly 20% in 3 years.[8] That increase reflects not only the overall growth in foster care, but the increased expense of foster care per child in this period of high

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5. Derived from reports issued by the National Center for Social Statistics of the U.S. Department of Health, Education, and Welfare.

6. Foster Care of Children in New York State, page 33.

7. "Trends in Foster Care in New York City, 1960-1973," Research Note No. 12, Community Council of Greater New York, March 1, 1974.

8. Foster Care of Children in New York State, pages 18, 19.

inflation. In New York City the annual increment in the cost of foster care between 1966 and 1970 averaged 12% for institutional care and 7% for foster family care.[9] Currently in New York City the maximum and typical per diem reimbursement rate paid to institutions, excluding medical costs, is $36.90; for foster family care the rate is $13.60.[10] These rates include the costs of administration and after care of the agency providing the placement, but not the costs of the city-operated Special Services for Children. For a child in foster care for 1 year, the costs range from nearly $5,000 to over $13,000, depending on whether the child is with a foster family or in an institution. By way of comparison, AFDC cash grants for a mother and two children in New York City are about $4000 for a year.[11]

Foster care expenditures are shared by federal, state and local governments. In New York State, for fiscal year 1973-74, state and local governments split 77% of the costs of foster care and the federal government picked up the other 23%.[12] Consequently, the rising costs weigh most heavily on state and local governments and have been the source of great and growing concern.

The conviction has been growing on the part of several observers that many children are entering foster care unnecessarily and staying for an unnecessarily long time.[13] The preliminary report of a recent study of foster care needs in New York City indicates approximately 2100 children in placement who should be in their own homes, with appropriate community

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9. David Fanshel and Eugene B. Shinn, Dollars and Sense in the Foster Care of Children. New York: Child Welfare League of America, 1972, page 23.

10. "Schedule of Rates Paid to Voluntary Child and Maternity Care Agencies from July 1, 1974, to June 30, 1975," Human Resources Administration, Special Services for Children (mimeographed).

11. Blanche Bernstein and William Meezan, The Impact of Welfare on Family Stability. New York: Center for New York City Affairs, New School for Social Research, 1975, page 3.

12. New York State Department of Social Services, Annual Report. . . 1974-1975.

13. For example, see two publications of the Child Welfare League of America (New York): The Need for Foster Care, 1969, page 48; and Edmund A. Sherman et al., Children Adrift in Foster Care, 1973.

services.[14] Jenkins and Sauber documented the mounting difficulties of families during the year preceding placement,[15] and, since half the families were receiving public assistance, they urged early identification of and provision of services to "placement-prone" public assistance families to avert unnecessary placements.

The drift of children in foster care has been documented in several studies. A 10-year followup of 422 children who had been in foster care in nine communities across the United States revealed that almost a third of the children had been in care for 10 years or more; only a quarter had gone home within 3 years. The author comments, "The popular belief that foster care services provide primarily temporary care is given no support in these findings."[16] In a recent study of children in foster care in New York City, the children were found to have been in care for an average of 5.4 years and no discharge plan was reported for 30% of the children.[17]

Concern about the possible negative effects on children and parents of placement in foster care has derived from the literature on several topics, such as the traumatic effects of separation on children,[18] the effect on

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14. Blanche Bernstein et al., A Preliminary Report: Foster Care Needs and Alternatives to Placement. New York: New York State Board of Social Welfare, June 1975, page 24.

15. Shirley Jenkins and Mignon Sauber, Paths to Child Placement: Family Situations Prior to Foster Care. New York: Community Council of Greater New York, 1966.

16. Henry S. Maas, "Children in Long-Term Foster Care," Child Welfare, XLVIII (June 1969), pages 321-333, 347. It should be noted that only children who had been in care for at least 3 months were considered for the original sample on which this followup was based.

17. David Fanshel and John Grundy, Computerized Data for Children in Foster Care: First Analyses From a Management Information Service in New York City. New York: Child Welfare Information Services, November 1975, pages 7, 8.

18. See for example, three publications of the Child Welfare League of America (New York): Ner Littner, Some Traumatic Effects of Separation and Placement, 1956; Anna Freud, Safeguarding the Emotional Health of Our Children, 1955; and John Bowlby, Separation Anxiety: A Critical Review of the Literature, 1962.

children of impermanence and the absence of psychological parents,[19] and the debilitating impact of foster care on the parental functioning and self-esteem of the natural parents.[20]

In addition, the delivery of foster care services has come under increasing attack, especially in New York City. There have been allegations of de facto racial discrimination by the private child placing agencies because of the unequal distribution of placement allocations by religious auspices.[21] Secondly, there has been a major controversy over the purchase-of-service system in New York City that financially rewards a full census of children in placement, but does not reward preventing or shortening placement either by work with natural families or by adoption.[22] As Fanshel and Shinn have stated, "That funds can more easily be spent on substitute care arrangements than for the restoration of families is probably the most irrational aspect of the foster care system."[23]

The call has gone out on many occasions and from many sources for a turning around of the child welfare system from emphasis on placement to emphasis on prevention of placement, whenever this can be accomplished without detriment to the child. In 1971 the Citizen's Committee for Children of New York published A Dream Deferred, detailing the 25-year child welfare crisis in New York City, in which they proposed that ". . . the basic social service system in New York be organized around the mission of helping families do their job and cope with emergencies. The primary goal is to help families, not to find substitute care for

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19. Joseph Goldstein et al., Beyond the Best Interests of the Child. New York: Free Press, 1973.

20. Harry Gottesfeld, In Loco Parentis: A Study of Perceived Role Values in Foster Home Care. New York: Jewish Child Care Association, 1970. Also, Phyllis Johnson McAdams, "The Parent in the Shadows," Child Welfare, LI (January 1972), pages 51-55.

21. Case of Wilder vs. Sugarman, filed in United States District Court, Southern District of New York (73 Civ. 2644).

22. See for example, "A Critique of the New York City Child Welfare System," New York City Chapter of the National Association of Social Workers, 1974 (mimeographed).

23. Fanshel and Shinn, op cit., page 27.

children."[24] More recently the preliminary report of the Temporary State Commission on Child Welfare stated:

> Wherever the fault may lie, it is self-evident, in the Commission's view, that the hour is at hand for careful but massive re-direction of the child care industry toward preventive services for children and their families. Foster care and other forms of away-from-home residential treatment will never cease to be used as a last resort for many children. But they must cease, in the shortest time possible, to enjoy their present status as an almost knee-jerk reaction to threatening family crises.[25]

Governor Carey's Task Force on Human Services underscored the following principles proposed by the Ad Hoc Committee on the Rights of Children in Care:

> A. The child should be able to remain with his or her family whenever this is possible and beneficial to the child.
>
> B. When the child must be placed in foster care--whether a shelter, a detention center, a foster home or a facility for longer term care--the child has a right to rejoin his or her family as quickly as possible, if this will be beneficial to the child.
>
> C. If the permanence of the family setting cannot be achieved through the prevention of placement or early discharge from placement, the child has a right to the permanence of an adoptive home whenever feasible.
>
> D. If the child is in placement--either for a short or lengthy period--the child has a right to high quality care. (We must recognize, too, that some of our at-risk children may need such quality care for a lifetime because of severe physical or mental handicaps.) An important aspect of high quality care is the provision of care in one setting whenever possible.[26]

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24. A Dream Deferred: Child Welfare in New York City, Citizen's Committee for Children of New York, 1971, pages 21-22.

25. The Children of the State, Preliminary Report of the Temporary State Commission on Child Welfare, 1975, page 24.

26. Conserving New York State's Most Important Resource, Report of Governor Carey's Task Force on Human Services, April 1975, pages 54, 56.

The task force went on to say that the least developed services for children and youth were those that would help parents care for their own children in their own homes.

This growing demand for services oriented toward the prevention of foster care has also been the subject of conferences and newspaper and television editorials.[27]

Lest these comments suggest that foster care is expendable, we stress that this is an indispensable service for many children, and that it is probably needed by many who do not now have its benefits. The objective of the field should be to insure that foster care is not used when other services would suffice, not prolonged beyond the time when it is essential, and not used as a substitute for helping families care for their own children.

Despite the contention that in many cases foster care, with its attendant social and emotional as well as financial costs, might be averted by preventive services, little hard evidence has been produced to document this view. Exceptions are demonstrations of the effectiveness of services available on a 24-hour basis in reducing the incidence of crisis-type placements.[28]

Softer evidence is available on a wide selection of programs designed to prevent foster placement, ranging from as far back as the Child Placement Prevention Unit of the Greater New York Fund and Catholic Charities in the early 1950s, to the present-day Family Union on the Lower East Side, the Placement Prevention Project of the Puerto Rican Family Institute, the Homemaker/Organizer Project at Wiltwyck School for Boys, the Bi-Agency Program of the Jewish Child Care Association and Jewish Family Service in New York City, and the Family Reception Center in Brooklyn. All of these programs report success in preventing placement; nearly all have stressed the importance of reaching out to families and providing a wide range of direct services. None of the programs, however, has compared its results

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27. For example, "Saving Families for Children," a conference sponsored by the Ecumenical Group in New York City on February 14, 1975; an editorial on WCBS-TV, New York, April 11, 1975, "Children and the Law," by Sue Cott; and a series of articles in the Daily News in May 1975, by William Heffernan and Stewart Ain.

28. For example, Norman W. Paget, "Emergency Parent--A Protective Service to Children in Crisis," Child Welfare, XLVI (July 1967), pages 403-409, and Marvin R. Burt and Ralph Balyeat, "A New System for Improving the Care of Neglected and Abused Children," Child Welfare, LIII (March 1975), pages 167-179.

with a control group of similar families who did not receive its services. It is the addition of a control group, an experimental design, and the systematic collection of service and outcome information on a large sample of cases that distinguishes the Preventive Services Demonstration Project from the other programs designed to prevent foster placement.

Chapter 2

RESEARCH DESIGN AND OPERATIONS

Translation of the Law Into Operational Terms

To the dismay of some state legislators and administrators, the demonstrations did not spring full blown from the language of the enabling legislation. Before the Child Welfare League was involved in any way, it had been decided that demonstrations would be funded in New York City and in two or three counties outside of the city, and the New York City public agency had decided to contract with voluntary agencies to carry out the demonstrations, rather than to develop a demonstration program within the public agency itself. Some county Departments of Social Services responded quickly to invitations from the State Department to submit proposals, as did a number of voluntary agencies in response to invitations from the New York City Special Services for Children. The initial proposals were too diversified to give promise of cumulative findings and none provided for a control or comparison group. Consequently, revisions had to be requested after general specifications were developed jointly by the Department of Social Services and the Child Welfare League.

The intent of the legislation was interpreted as not only avoidance of entry or reentry into foster care, but acceleration of return home of children in foster care. Demonstration cases could therefore be drawn from the current foster care load of participating agencies as well as from cases in which placement was imminent. To increase comparability across agencies, it was agreed that demonstration services would be limited to families in which at least one child under 14 years of age was in need of services to prevent or shorten placement.

The Act restricted service to cases in which intensive services could reasonably be expected to avert or shorten placement within the time limits of the project. A major problem was to select cases that met this condition. The only way found to do so was to obtain on each case caseworker judgments about the likely outcome with regular and with intensive services. Unless the predicted outcome in terms of time in foster care was appreciably different with regular and with intensive service, and unless that difference in time in care would show up within the evaluation period, a case was deemed unsuitable for the project.

Intensive family casework was regarded as the central component of service, but each demonstration unit was required to have ready access to homemaker, day care, educational and vocational services, as needed.

The Department accepted the suggestion of the Child Welfare League that each demonstration unit have a minimum of one full-time director/supervisor and four caseworkers, in order for the staff to be able to serve a substantial number of cases, to have identity and visibility as a special service, and to provide each other with stimulation and support. A maximum caseload of 10 families per worker was established to permit the provision of an intensive program of service for both the child and the family.

The central question to be answered by the demonstration was whether intensive service to the natural family is in fact effective in reducing foster care without detriment to the well-being of the children. An answer to this question required information not only on time in placement but on the well-being of each child and the appropriateness of his situation to the protection and enhancement of his welfare. A positive answer to this central question would, however, be of limited value in program planning without knowledge of the types of cases in which the service is effective, and the amount and kinds of service associated with positive effects. A condition of agency participation was, therefore, readiness to follow the procedures developed for obtaining the necessary information on study cases and the services provided to them.

Many months elapsed in the revision of agency proposals and the selection of demonstration settings. Ultimately selected were seven voluntary agencies in New York City, through subcontract with Special Services for Children, the Monroe County Department of Social Services, and the Westchester County Department of Social Services.

Thus it was not until February 1974 that the first demonstration units were established in New York City, and another 6 weeks before all New York City units were staffed and referral procedures were running smoothly. April 1, 1974, was set as the official starting date for the demonstrations in New York City, though some cases had already entered the Project by that time. The Westchester County demonstration started a month later on May 1, and the Monroe County demonstration finally got under way in mid-August.

The initial contracts with the agencies were for 1 year, with the expectation of funding for a second year. The contract with the Child Welfare League of America was for a 2-year period, covering the several months of planning and tooling-up, as well as data analysis and reporting. It was clear that these activities prior to and following the service operation would limit the service period to be evaluated to 1 year. In fact, because of the late start in Monroe County, the period of study there was reduced to 9 months.

Agency Settings

Three social service districts were selected by the State Department of Social Services for the demonstration project: New York City, Monroe County and Westchester County.

In the New York City Department of Social Services, responsibility for child welfare services is placed with Special Services for Children. Intake, preventive service, and protective service are provided through four borough offices. Foster care and adoption services are administered centrally, as are the several shelters, group homes and group residences operated by SSC. Although SSC provides directly some foster home and group care, for most children requiring foster care this is purchased from the many voluntary agencies in the area.

From the start, SSC conceived of the demonstrations as an opportunity to purchase service other than foster care from the voluntary agencies, as many of those agencies had long insisted that they could often avoid removing children from their own homes or could return them home earlier if the necessary services were funded. Because this has bearing on operational difficulties in New York City, it should be noted that the decision to use the demonstration funds to purchase voluntary agency service, rather than to strengthen the preventive service units in SSC, was not well accepted within the organization.[1]

The selection of the voluntary agency participants was made by SSC in consultation with the State Department of Social Services from among the agencies that submitted proposals. Although the Child Welfare League set certain conditions (such as a full-time project director and a minimum of four caseworkers), it did not take part in the selection. The participating agencies vary widely in size, structure and program. We describe here only the major characteristics.

Angel Guardian Home, under Roman Catholic auspices, is located in Brooklyn and has three district offices elsewhere on Long Island. In addition to a large foster home program (over 1000 boarding homes), it provides adoption service, and operates a guidance clinic, a maternity residence, and a nursery for children under 2 years of age. The demonstration unit, in the Fort Greene district office, had a part-time administrator, a full-time supervisor and four caseworkers.

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1. "Union Opposes Giveaway Demonstration Project," The Unionist (a publication of the Social Service Employees Union Local 371, District Council 37, AFSCME, AFL-CIO), March 1, 1974, page 3.

Brooklyn Bureau of Community Service has a small foster care program (80 boarding homes), adoption service, family service, and a program for the handicapped. The demonstration unit had a full-time administrator-supervisor, three caseworkers and one case aide.

Children's Aid Society has a substantial foster family care program, homemaker service and adoption service, and in addition operates several community centers, a dental clinic, a medical program and a camp for handicapped children. The demonstration was housed in the building where the foster care program is located, in midtown Manhattan. The staff included a full-time administrator-supervisor, four caseworkers and a case aide.

Joint Planning Service is an intake and planning unit operated jointly by the Jewish Board of Guardians and the Jewish Child Care Association. The two sponsoring agencies are large multiservice organizations. Each operates several specialized institutions and group residences. The JBG program also includes mental hygiene clinics and day care centers, while JCCA has a large foster family care program as well as adoption and family day care. Joint Planning Service has no foster care program of its own, but drew on both JCCA and JBG for cases with children already in foster care. The JPS demonstration unit, housed at JCCA, had a full-time administrator-supervisor, three full-time and two part-time caseworkers, and a case aide.

Louise Wise Services, an agency under Jewish auspices, has an extensive adoption and foster home program, as well as group homes for unmarried pregnant girls and mothers, and a group residence for young mothers and their children. Its demonstration staff consisted of a full-time administrator-supervisor and four caseworkers.

New York Foundling Hospital is a large multifunction agency under Roman Catholic auspices. Its foster care program includes 1100 foster family homes, several agency-operated boarding homes, a large institution providing shelter care for young children, and residential facilities for unmarried pregnant women, mothers and babies, and abusive or neglectful parents and their children. It also offers adoption service and family and group day care. At about the time the preventive service demonstration was being organized, Foundling Hospital opened a reception center on Staten Island to meet the needs of Staten Island children and to avert their long-term placement. The hospital was funded for a demonstration unit at the Staten Island Reception Center, although the location, the absence of an existing foster care caseload, and the overlap in purpose of the Reception Center and the demonstration made it a questionable setting. As in the case of JPS, cases with children already in foster care were identified through other divisions of Foundling Hospital, but with considerable delay and effort. The SIRC had a part-time administrator-supervisor and four caseworkers.

Queensboro Society for the Prevention of Cruelty to Children offers casework service to families and children residing in the borough of Queens who are referred because of abuse or neglect and are not receiving protective service through the Queens office of SSC. It operates a shelter for children 6 through 14, with a capacity of 102. Queensboro SPCC is licensed only for short-term care. The staff consisted of a full-time administrator-supervisor and four caseworkers.

Westchester County, which borders on New York City, has a population of approximately 900,000. It includes several cities, with populations from about 50,000 (White Plains) to over 200,000 (Yonkers), and many residential communities that house commuters to New York City. Although the county is often thought of as a wealthy suburban area, its cities have pockets of poverty and minority-group concentrations. Roughly 4% of the population were AFDC recipients in February 1975, a figure similar to that for Monroe County, but much lower than the 10% reported for New York City.[2]

The Department of Social Services includes a comprehensive income maintenance and social services program. It had previously had a preventive service unit, but at the time the demonstration was being considered, services to children in their own homes were confined to the efforts of the foster care intake staff, the protective service unit, and generalized social service teams.

Arrangements for state and local funding for the Westchester demonstration were concluded in April 1974, and the project was launched in May. It was staffed with a part-time administrator, a full-time supervisor, and six caseworkers.

Monroe County, in the western part of the state along the shore of Lake Ontario, has a population of 712,000, of whom almost 300,000 live in Rochester, the county seat. Its Department of Social Services includes an Income Maintenance Division and Social Services Division. The Social Services Division has undergone several reorganizations in the last decade. A reorganization took effect July 1, 1974, at the time arrangements were being worked out to launch the demonstration. The new organizational plan divided the county into three geographic areas, each of which was to contain protective, foster care, day care and special service units.

The department had originally proposed a demonstration staff of two supervisors and nine caseworkers. Because of delay in launching the project and revisions in the estimates of the potential caseload for the

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2. Recipients of Public Assistance Money Payments and Amounts of Such Payments, by Program, State, and County, February 1975. National Center for Social Statistics, July 1975.

demonstration unit, the staff complement was reduced to one administrator-supervisor, four full-time caseworkers and one part-time caseworker.

Research Design and Procedures

An experimental design, with eligible cases assigned randomly to an experimental group and a control group, was selected to answer the central question of the effectiveness of a program of intensive services to families in preventing or shortening foster care placement without jeopardy to the well-being of the children. Only by use of a control group that does not receive the demonstration services is it possible to determine with any certainty whether favorable outcomes can be ascribed to the services provided rather than to case selection, chance factors, or the passage of time. One-third of the cases selected by the demonstration units as suitable for the project were, therefore, assigned to the control group, which meant that they would be served in the usual way as if there were no demonstration project.

In a true experimental design, the experimental cases are exposed to a specific treatment, the control cases are not exposed to the treatment, and all other conditions are held constant. Field operations in the human services, however, are a far cry from the controlled laboratory experiment. In this demonstration, for instance, it was quite possible for a control case to receive as much service as an experimental case: the range in amount of service was wide in both groups. This possibility may have been increased by the fact that in many instances the regular agency workers knew when their cases were in the control group, despite efforts to keep them uninformed. There were occasional reports of workers, disappointed because a particular case was not selected for the intensive services, vowing to provide extraordinary service to a control case. Although it is unlikely that such an intent could be carried out in the press of a normal foster care caseload, the point is that, with the impossibility of concealing the identity of the control cases, they were subject to influence from many directions.

Eligibility Requirements for Project Cases

Establishing the criteria for the selection of the cases was one of the more difficult aspects of the project design. The law authorizing the demonstration projects established as the basic eligibility requirement that a social service official find that, in the absence of the intensive services of the demonstration unit, a child or children would be placed in foster care, whereas with the demonstration services the children would be likely to remain with their families. The law was interpreted by the New York State Department of Social Services as including also cases of children in foster care whose return home might be accelerated by demonstration services, and cases in which children had recently returned home from foster care but were at risk of early reentry in the absence of substantial aftercare service.

Two subgroups of project cases were delineated. Cases in which children were awaiting placement away from home, were believed to be in imminent need of placement, or had already been placed on a temporary basis, were designated as the "preventive" service group. "Preventive" in this context means prevention of long-term foster care. Cases of children already in long-term foster care or now home following long-term care and at risk of early reentry were called the "supplementary" service group, as it was initially thought that the demonstration worker would supplement the work of the foster care worker already assigned to the case. The term was belatedly recognized as a misnomer and as not descriptive of the service, in that most of the "supplementary" cases were in fact transferred to the demonstration workers, who provided services to rehabilitate the families so that children could return home as early as possible. "Rehabilitative" service is the best term we have been able to come up with, although it does not fit well a small number of cases in which the objective was to move children out of long-term foster care into adoption. Since the intent of the law emphasized prevention of placement, it was decided that a larger proportion of the project cases (60%) should be in the Preventive Service group.

An obvious requirement for a project to work with families was the availability of a parent or other close relative in the community with whom the children could remain or to whom they could return. This became a basic criterion for eligibility. As indicated earlier, in the interest of some homogeneity among project cases, it had been agreed to be eligible a family had to include at least one child under 14 years of age at risk of placement or continuance in placement. The problem then became to select, within cases meeting these limited eligibility criteria, those in which intensive service might make a difference.

Practical experience and prior research have indicated that no simple set of criteria identifies the child who must be placed or who must remain indefinitely in placement, regardless of the nature and extent of services available. The more disadvantaged the family and the more deviant the behavior and attitudes of parents and child, the more likely it is that placement will be considered necessary.[3] The longer the child is in care, the more unfavorable the parents' socioeconomic circumstances, the more severe the mother's problems, the less likely it is that the child will be able to return home and remain there without hazard to his own well-being.[4] But these factors are all matters of degree, and no one factor or neat combination of several factors identifies the case in which intensive service is likely to be effective in averting or shortening placement.

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3. Michael H. Phillips et al., Factors Associated With Placement Decisions in Child Welfare. New York: CWLA, 1971. Also, Phillips et al., A Model for Intake Decisions in Child Welfare. New York: CWLA, 1972.

4. Edmund A. Sherman et al., Children Adrift in Foster Care. New York: Child Welfare League of America, 1973.

The selection of cases was therefore necessarily left to professional judgment, within certain general guidelines. Because the evaluation component of the project was designed to cover only 1 year of service operations, and 6 months of that year were allowed for intake to the project, it was recognized that some cases would receive only 6 months of service during the evaluation period. Because of this time limitation, cases were considered suitable only if it was thought that demonstration services would reduce the time in placement by at least 2 months and that the reduction in placement would occur within 6 months of assignment to the project. These restrictions, of course, eliminated many cases that might have benefited greatly from intensive service but that were judged to require more than 6 months to accomplish the desired results.

Referral Process

The referral of Rehabilitative Service cases to the project was much easier than the referral of Preventive Service cases. For Rehabilitative Service, the agencies were asked to identify cases in their current caseloads of children in foster care or discharged from foster care within the preceding 2 months in which the intensive service available through the demonstration unit would be likely to shorten placement or avert reentry. It was left to the agency to work out its own procedures for review of caseloads. On each case the caseworker completed a detailed schedule that included the worker's prediction of the outcome with and without demonstration service. Cases that met the criteria of differential outcomes expected within 6 months were admitted to the project. Two-thirds of these were assigned to the experimental group and transferred to the demonstration unit, and one-third, selected randomly, were designated as control cases and remained with the regular workers. One problem in this arrangement was that the staff usually knew which the control cases were, since they had identified the cases for the project, and could assume that those not transferred were control cases.

In the Monroe and Westchester County Departments of Social Services, an attempt was made to ensure consideration of all cases eligible for the Preventive Service group. Coverage was reasonably complete on intake to the "foster care" or "undercare" units, somewhat less so in protective services, and minimal in other service units. The caseworker, on the basis of his or her knowledge of the case, completed the initial schedule, and the case schedules were reviewed by the demonstration unit administrator to determine whether the cases were suitable. The suitable cases were assigned in a predetermined random order to the experimental group or to the control group.

In New York City, Preventive Service cases had to be channeled through the public agency (Special Services for Children) to the voluntary agency demonstration units. Requests for long-term placement from the various borough offices in New York City are made to a central Allocation Unit, which makes referrals to agencies with available openings. During

the intake phase of the project, cases eligible for the project were steered to a special Monitoring Unit within Allocations, which gave priority in referral to the seven demonstration agencies. Determination of suitability for the project--that is, likelihood of averting placement or returning a child home quickly from a temporary placement through intensive service--was made by the staff of the demonstration units on the basis of study of the case. Suitable cases were then randomly assigned to the experimental group or the control group. The former remained with the demonstration unit, but the control cases either were assigned for regular service in the same agency or reverted back to SSC for referral elsewhere in the system. This was an admittedly clumsy procedure, as it entailed delay and subjected some cases to study by more than one agency before placement. Furthermore, the suitability studies absorbed so much of the time of the demonstration staff in the early months of the project that they were hard put to meet the service needs of their small but growing caseloads. It was, however, the best solution that could be devised jointly by SSC, the voluntary agencies, the State DSS and CWLA. Tight time limits were set for the suitability studies to minimize delay in case decisions, but these limits meant less adequate exploration than the caseworkers thought desirable in many instances.

With a few exceptions protective service cases that were still under investigation could not be included in New York City because of the legal responsibility of the public agency to report on these, nor were cases on remand referred for the project because agencies would not be free to return children home. This eliminated a substantial block of cases in which demonstration services might have been appropriate, and slowed the build-up of demonstration unit caseloads in New York City. SSC initially intended to include only children for whom long-term care (over 3 months) was requested, since only in these cases is casework responsibility for the entire family ordinarily transferred to the voluntary agency providing the placement. Because a large proportion of admissions to foster care are to temporary care, and because it seemed appropriate to introduce preventive service as early as possible, it was agreed to include requests for temporary care, and special arrangements were made for transferring casework responsibility to the demonstration agency in such cases. It was also agreed that cases initially known to counseling units of the participating agencies, in which placement was considered likely within 6 months in the absence of intensive service, might be eligible for the project after clearance with SSC.

The intake phase of the project ended on September 30, 1974, in New York City (6 months after the official starting date in New York City) and October 31, 1975, in Westchester and Monroe Counties (6 months after the starting date in Westchester, but only 3 months after the Monroe unit began operation).

The eligibility requirements, the complexity of the referral and selection process, the reluctance or even refusal of some workers within the

demonstration agencies or in Special Services for Children to refer cases to the project, all contributed to a much slower build-up of cases than had been envisioned or desired in view of the brevity of the evaluation period. In all, it took 3 months to acquire 50% of the caseload and the full 6 months allowed for the accumulation of the total caseload.

The end of the evaluation phase of the project was set at 6 months after the intake phase; the dates were March 31, 1975, in New York City and April 30 in Westchester and Monroe counties. These dates were selected in order to insure each case in the evaluation the possiblity of a minimum of 6 months of the intensive preventive services. The maximum length of service covered by the evaluation (except for a few New York City cases that entered the project in February and March of 1974) was 12 months. Because the Monroe unit did not get established until August, however, the maximum length of service on Monroe cases was 9 months. As it turned out, cases in New York City and in Westchester were assigned to the project, on the average, 9½ months before the end of the evaluation period; in Monroe the figure was 7½ months.

Initially it was anticipated that a count could be kept of all cases coming to the attention of the three public agencies during the period of intake to the demonstration, with information on the reason for ineligibility of those rejected for the project. This would have made it possible to judge the volume and proportion of the agency intake that might be eligible for intensive service to avert the need for foster care. Secondly, it was thought that baseline data would be obtained on all cases meeting the gross eligibility requirements, including those that fail to qualify for the project on the basis of the severity of the case or the time that would be required for improvement. This would have permitted comparison of cases judged likely and not likely to respond fairly quickly to such an intensive service program. Neither of these plans proved feasible; they would have required more coordinating and reporting than could be justified.

Data Collection Plan and Instruments

With a few exceptions, the data on individual cases in the experimental and control groups were supplied by caseworkers on three major data collection forms or schedules.

1. The Baseline Data Form was filled out at the time a case was being considered for inclusion in the project. Slightly different versions were used for the Preventive Service and Rehabilitative Service cases. These 18-page forms cover information on the characteristics and functioning of the parents or surrogate parents and of the children of concern (that is, children referred for placement, in placement or likely to need placement); the environmental situation; the source of referral, services requested and problems creating the

need for service; the attitudes of parents and children toward the children's remaining or returning home; the caseworker's judgment about the services that would be provided the family in the regular agency program and in the demonstration unit; the probable whereabouts of each child at the end of 6 months with regular service and with demonstration service; the probable time in foster care; and the reasons the worker did or did not believe the demonstration service would be more likely to avert or shorten placement.

The Baseline Data Form was probably interpreted with greater consistency on the Preventive Service cases, as the forms on those cases were usually filled in by demonstration staff who had received instructions and interpretation of items from the Child Welfare League. The forms on Rehabilitative Service cases were generally completed by other workers in the participating agencies who had not had the same opportunity for training in completing the forms. On the other hand, the Baseline Data Forms on Rehabilitative Service cases were more complete because the workers were describing cases from their own caseloads, which they probably knew fairly well, and certainly better than the demonstration workers knew the newly referred Preventive Service cases. We have no basis for assessing the reliability of the baseline data. However, any limitations in reliability and completeness should affect experimental and control cases equally.

2. The Monthly Service Schedule is a 7-page booklet that was filled out in the course of each month on each experimental case from the time of assignment to the demonstration until the case was closed or transferred out of the demonstration unit, or at the end of the evaluation period. It called for a description of service goals, any changes in them from month to month, and progress toward goals; significant events in the family; the number of service contacts with family members and collaterals; an indication of each type of service provided or arranged by the demonstration staff or provided by another agency without staff intervention; whether any service made a significant contribution to the progress of the case; the topics of discussion, location, length, and worker role in each in-person interview with the parents or parent surrogates; and the worker's perception of the principal client's feelings toward the worker.

These forms provided extensive data on the service input in the experimental cases. In most instances they were filled out promptly and carefully. Inconsistencies could usually be resolved by the research staff from other items on the schedule or through checking back with the workers. The form presented some problems that were not fully resolved, such as the level of generality at which goals were expressed, and what "your agency" means in the case of large multiservice agencies. The former problem was not resolved at all, and the latter only in part by setting some rules (e.g., within the county Departments of Social Services, Income Maintenance was treated

as "another agency"). These problems did not have serious implications for the analysis or presentation of data. Data from the Monthly Service Schedules were compiled for each case on a quarterly as well as an overall basis.

These schedules were used only for experimental cases, because we did not wish to focus any additional attention on or introduce any unusual procedure regarding the control cases during the period of the evaluation. But, because the control cases were not an "untreated" group but rather cases that received service under different arrangements, it was essential to obtain information about the service they received. Was it in fact grossly different in amount, focus or content from that provided to the demonstration cases? Our solution to this dilemma was to request information on service to control cases retrospectively at the time of the collection of outcome data.

3. Outcome Schedule. Two forms of outcome schedule were used--one for experimental cases and one for control cases. Both requested information on the whereabouts of the children and its desirability; the well-being of the children, change in well-being, and the effect of the current environment on well-being; changes in functioning of parents and children since the date of assignment to the demonstration; changes in the environmental situation; extent to which goals had been realized; and the enabling factors in and barriers to goal attainment.

The form used for control cases was the Service and Outcome Schedule. In addition to the areas covered by the Outcome Schedule for experimental cases, this schedule requested summary data on contacts with family members and collaterals; types of services provided and arranged; and services making a significant contribution to case progress. The schedule also included questions on the sex, age, race, length of social work experience, education and job classification of the person completing the schedule, and the length of time the case had been assigned to him or her.

The comparability of the data from the Outcome Schedules for experimental and control cases may well be questioned. It hardly needs to be said that the retrospective summary of service for the control group is likely to be a good deal less accurate than the compilation from the Monthly Service Schedules on experimental cases. Whether the inaccuracy of information on control cases is more likely to result in underreporting or overreporting of service cannot be determined. With respect to items common to the two schedules, parallel questions arise. Did the enthusiasm of demonstration workers make them exaggerate accomplishments? Or, on the other hand, did the expectations of demonstration workers lead them to undervalue small changes? We do not know. We can only hope that the frequent meetings and discussions of the demonstration supervisors

under the auspices of the Child Welfare League encouraged some commonality of viewpoint, which was then, it is hoped, transmitted to the workers through supervision and review of the Monthly Service and Outcome Schedules. Did resistance to the demonstration and desire to defend their own work lead workers on control cases to exaggerate service and progress in their cases? We do not know, and can only count on their professional responsibility to have prevailed over their emotions. There remains the problem that demonstration staff had opportunity for discussion of the interpretation of the questions, an opportunity that could not be afforded the widely scattered workers on control cases.

An abbreviated Outcome Schedule had to be developed for use in 32 control cases where little or no service contact had been made after assignment to the project, or where the child was awaiting placement, or where the case had closed. All of these cases were in New York City, and most were in the borough offices of SSC. Frequently, when the case had closed, this brief Outcome Schedule had to be completed from the case records without direct knowledge of the case.

4. Miscellaneous Forms. In addition to the Baseline, Service and Outcome Schedules, several other data collection forms were used. One was used to obtain detailed information on use of time by demonstration staff during 10 working days when the demonstration service was in full swing. This brief time study, along with the findings, is described in Chapter 4. Another was a questionnaire on the opinions and observations of the demonstration administrators about various phases of the project that might not be apparent from the individual case data. The results of this inquiry are drawn upon at various points in the report. A great deal of "bookkeeping" within demonstration agencies and in the research office is essential to the operation of such a field experiment, particularly one conducted in several diverse settings. To assist the participating agencies in the necessary monitoring and reporting requirements, many administrative forms were designed.

Tracking the Control Cases

The project administrators of the demonstration units were asked to check periodically on the status of the control cases being served by their agency, and to alert us when any closed. All of the control cases in Westchester and Monroe and two-thirds of the control cases in New York City were being served by the participating agencies, and so were kept track of in this way.

The remaining one-third of the New York City control cases, those not assigned to demonstration agencies, were the difficult cases to follow. We attempted to keep track of them through the agencies that had casework responsibility for each case. Casework responsibility in New York City

resides with SSC unless a child is in long-term foster care, in which case the responsibility is transferred to the placement agency. Determining who had casework responsibility was a complicated, time-consuming task, requiring the assistance of Child Welfare Information Services (CWIS) for the children in long-term care, and SSC for the children in temporary care or at home. Seven nonparticipating agencies had control children in long-term foster care, and kept track of them, completing Outcome Schedules at the end of the project. The remaining 36 cases were the responsibility of SSC, and the Special Monitoring Unit kept track of those cases and completed the Outcome Schedules on them when due. With the help of all of these participants in the child welfare system, we were finally able to locate all control cases and obtain completed Outcome Schedules on them.

Data on the whereabouts of all study children as of October 1, 1975, was the final data collection task on the project. Fortunately for our purposes, the demonstration programs had been extended in all of the settings, and demonstration staff were available to assist once again, in reporting the whereabouts of the children, both experimental and control, still known to their agencies. In New York City, again, information on the whereabouts of the children no longer with the participating agencies was obtained from CWIS or SSC.

Chapter 3

THE CHILDREN AND THEIR FAMILIES

The selection process described in the previous chapter yielded a sample of 549 families--389 (71%) from New York City, 91 (17%) from Westchester County, and 69 (12%) from Monroe County. Of these families, 373 were assigned to the experimental group for service by the demonstration units, and 176 to the control group. The distribution of the families by location and type of case is given in Table 3.1.

Table 3.1

Distribution of Study Families
by Location and Type of Case

Location	Type of Case								
	Preventive			Rehabilitative			All Cases		
	Exp.	Cont.	Total	Exp.	Cont.	Total	Exp.	Cont.	Total
New York City	172	77	249	95	45	140	267	122	389
Westchester	42	21	63	18	10	28	60	31	91
Monroe	28	14	42	18	9	27	46	23	69
Total	242	112	354	131	64	195	373	176	549

Again it should be noted that assignment to the control group meant that a case was to resume its place within (or without) the child welfare system and be handled as it would have been in the absence of the demonstration project. Rehabilitative control cases remained with their regular worker. Children in Preventive control cases were either accepted for placement by the regular program of the demonstration agency or the case was returned to the referring unit (generally SSC in New York City, protective or family service within the public department in Westchester and Monroe Counties) for continued service.

The random assignment of cases to the experimental and control groups achieved the desired results. With only two exceptions,[1] the two groups did not differ significantly at the time of assignment to the project on any of the baseline characteristics on which information was obtained.[2] Accordingly, the following description includes all of the 549 families found suitable for the project, whether they were assigned to the experimental group or to the control group.

The Families

The mother was the only parent in the household in over two-thirds of the families in the Preventive Services Demonstration Project (PSDP). Both parents were present in slightly more than one-fourth of the families. The overwhelming predominance of female-headed families in the sample is in marked contrast to the distribution of U.S. families in general, as shown in Table 3.2.

Table 3.2

Parents Present in Household[a]

	PSDP Sample		U.S. Population[c]
	N	%	%
Both parents	152	28	86
Mother only	381[b]	69	11
Father only	16	3	3

a. Includes stepparents and surrogate parents. In the PSDP sample at least one natural parent was present in 97% of the families.

b. In 36 of these cases the father, though absent from the household, was involved in planning for the children.

c. Bureau of the Census, Census of Population: 1970, "General Population Characteristics," pages 1-278.

1. The two exceptions were: mothers in the control cases had more functioning problems than mothers in the experimental group; children in the control cases more often faced imminent placement. These differences are discussed later in the chapter.

2. Differences are treated as significant throughout this report if they achieve the .05 level of significance; that is, they would not be expected to occur by chance more often than once in 20 times.

Consistent with the figures in the table is the marital status of the mothers: the largest group (40%) were single, 28% were married, 19% were separated, 8% divorced, and 5% widowed. Those who were currently married had been wed on the average for 7½ years.

The average size of the families in the project was 4.8 persons: 1.7 adults and 3.1 children (including an average of 1 child already in placement). The mother was nearly always present in the household (97% of the cases). When another adult was present this was about equally likely to be the father or another person, usually the mother's mother or sister. Omitting persons outside the immediate family unit of the parents and their own children under 18 yields an average family size of 4.2--1.3 parents and 2.9 children. This contrasts with an average of approximately 1.9 parents and 2.1 children in U.S. families with children in 1973.[3] Thus the ratio of children to parents is much higher in the study families than in the general population, with fewer parents to share responsibility for a greater number of children.

The mother had the primary responsibility for child care in 85% of the families; the principal caretakers in the remaining families were about equally divided among maternal grandmothers, fathers and other relatives. Little was known at the time of completing the Baseline Schedule about the availability or helpfulness of relatives outside of the household. In the 335 cases where the information was available, about one-third of the families had helpful relatives available; for the remainder, relatives were either not available (27%) or available but not helpful (38%).

The ages of the mothers ranged widely, from 12 to 60 years, with a median age of 27. The median age of the fathers was 33, with a range from 18 to 66 years. Over half (51%) of the mothers were black, 31% were white, and 18%, Hispanic. In only 5% of the cases were the parents known to be of different races. We have therefore treated the race of the family as that of the mother. Nearly half (49%) of the mothers were Protestant; most of the remainder were Catholic (42%), with 5% Jewish, and 4% of another religion or with no religious preference. Figures on the race and religion of the children are given later in this chapter in a description of the child sample.

The mother's education was unknown for 40% of the cases, but where known it ranged from the first grade through 4 years of college. Both mothers and fathers had completed, on the average, 10 years of school, 2 years less than the national average of 12 years for family heads.

Twenty percent of the mothers were working, and most of these women held full-time jobs. An additional 12% were looking for work. Seventy-three percent of the fathers were working, nearly all full-time, but since

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3. Extrapolated from U.S. Bureau of the Census, Current Population Reports, page 20.

fathers were present in less than one-third of the families, their employment benefited only about 20% of the study families. In 40% of the cases the family income was deemed inadequate by the worker completing the Baseline Schedule, and marginal in another 24% leaving about one-third of the cases with an adequate income. Six out of 10 families were receiving some form of public assistance at the time of assignment to the project, generally Aid to Families with Dependent Children (AFDC), compared with six out of 100 families in the general population.[4] No figures on annual family income were obtained.

Housing was considered inadequate in space and facilities or in protection from health and safety hazards for one-third of the families, and only marginal for an additional one-fourth. The emotional climate of the homes was even less favorable than the physical condition, with 36% judged "poor," 46% "so-so," and only 18% "good."

Source of Referral

All the Rehabilitative cases were referred to the project from the foster care divisions of the participating agencies. Data on the source of their referral to the child welfare system were not obtained.

Most of the Preventive cases were referred to the project by the public child welfare agency in the district: Special Services for Children (SSC) in New York City and the Children's Services of the Departments of Social Services in Westchester and Monroe Counties. Roughly one-quarter of these Preventive cases had been open in the public agency for less than 1 month at the time of referral to the project; another quarter, for from 1 to 3 months; a third quarter, for 4 to 6 months; and the final quarter, from 7 months to over 3 years. In the view of the screening worker, the problems bringing the family to the child welfare agency were of a chronic nature in eight out of 10 cases. In New York City, 30 cases did not come from SSC, but were referred by voluntary agencies in the community that knew of the project or by a counseling unit of the demonstration agency itself. Seventeen upstate cases came from public family service workers instead of children's services.

Over half the Preventive cases were referred to the child welfare system by parents, relatives, or friends. (Table 3.3. In this and subsequent tables cases are omitted on which information is not available.) Prominent among the remainder were referrals from the courts, schools, and social and health agencies.

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4. Based on Public Assistance Statistics--February 1974, issued by National Center for Social Statistics, and Statistical Abstract of the United States-1974, Table 56.

Table 3.3

Source of Referral
of
Preventive Service Cases
(N=352)

	%
Parents	41
Relatives, friends	12
Court, police	11
School	10
Voluntary social agency	9
Physical or mental health agency	9
Public assistance agency	4
Other	4

Problem Situation

Workers completing Baseline Data Forms on Preventive cases checked on a problem list those problems that had created the need for service. They did this from two perspectives: the problems as seen by the workers and the problems as the workers thought the parents saw them. They also selected the most important problem from the two points of view. The problem list that was used and the resulting figures are given in Table 3.4.

Workers identified, on the average, 3.7 problems while they felt the parents would identify only 2.4 problems. Workers' and parents' perceptions were close in the identification of children's problems and environmental or situational problems. They were moderately divergent in the two family relationship areas (marital and parent-child), and sharply divergent in all areas of the parents' caretaking, and emotional and behavioral functioning. In selecting the most important problem for each case, the perceptions of workers and parents diverge even more, with the workers emphasizing the poor functioning of the parents, and the parents emphasizing the poor functioning of the children or adverse situational or environmental conditions.

The Baseline Data Form for the Rehabilitative cases used the same problem list but, because these cases had generally been referred to the agencies several years ago, asked only for the workers' judgment of the primary problem that created the need for placement for each of the study children. Table 3.5 presents data on the most important problem as seen by the worker in Preventive and in Rehabilitative cases. (The figures on Preventive cases are identical with those in the last column of Table 3.4, except for categories that have been combined; they are repeated in Table 3.5 to provide a picture of the entire sample.)

Table 3.4

Problems in Preventive Service Cases
as Seen by Parents and Workers
(N=354)

Problem	Percentage of Cases			
	All Presenting Problems[a]		Most Important Problem[b]	
	Parent	Worker	Parent	Worker
Child's emotional or behavior problem	41%	42%	26%	14%
Child's physical handicap or disability	5	7	2	1
Child's mental retardation	5	8	1	1
Parent-child conflict	22	28	6	7
Marital conflict	14	20	6	5
Emotional neglect of child	4	42	0	9
Physical neglect of child	6	23	2	4
Abuse of child	2	6	1	1
Emotional problem or mental illness of parent	23	53	10	29
Antisocial behavior of parent	4	14	2	6
Parent unwilling to take care of child	6	10	1	2
Physical illness or disability of parent	16	16	6	3
Employment of caretaking parent	10	10	3	1
Death of caretaking parent	1	2	1	0
Inadequate housing	35	36	12	4
Financial need	33	30	9	4
Other	12	17	9	9
No problems	3	0	3	0

a. Figures add to more than 100% since more than one problem could be identified for each case.
b. Figures add to 100% since only one problem could be identified for each case.

Table 3.5

Primary Problem as Seen by Workers in
Preventive and Rehabilitative Service Cases

Problem[a]	Percentage of Cases		
	Preventive (N=354)	Rehabilitative (N=195)	Total (N=549)
Child's emotional or behavior problem	14%	9%	12%
Parent-child conflict	7	4	6
Marital conflict	5	3	4
Emotional neglect of child	9	1	6
Physical neglect of child	4	11	7
Abuse of child	1	7	3
Emotional problem or mental illness of parent	29	29	29
Antisocial behavior of parent	6	6	6
Parent unwilling to take care of child	2	9	5
Physical illness or disability of parent	3	5	3
Inadequate housing	4	1	3
Financial need	4	3	4
Other	12	12	12

a. The problem list differs slightly from that used in Table 3.4 insofar as problems contributing less than 2% to both types of cases were added to "other."

The last column in Table 3.5 is the handiest to use for an overall view of the major problems of study cases. (Differences between the Preventive and Rehabilitative cases are discussed later in this chapter.) The problem selected as most important in case after case (29%) was the emotional problem or mental illness of a parent, usually the mother. The next largest single category, the emotional or behavioral problem of a child, was selected in less than half as many cases (12%).

Selecting the most important problem is a subjective and imprecise process; the categories overlap and frequently it is just a matter of emphasis, attitude or nuance that makes the final determination. One worker's "emotional or mental illness of a parent" may be another worker's "emotional neglect of the child." For this reason and in the interests of comparing the figures with findings from other studies, the problem list

was compressed into four major categories reflecting the locus of the problem. Did the problem reside in the parent, the child, in a family relationship, or in an environmental or situational difficulty? This classification was then applied to the primary reason for the need for placement in the present study and in four other studies of foster care. The determination of the primary reason in all of the studies was made by the intake worker or another experienced caseworker reading case records. The classification of these reasons by the locus of the problem was made by the authors of the present study. The figures in two of the studies relate to children and in the two to families; data from the present study, therefore, are presented in both ways in Table 3.6.

Table 3.6

Locus of Primary Reason for Placement in Five Foster Care Studies

Locus of Problem[a]	Percentage of Families			Percentage of Children		
	Paths[b]	Agencies[c]	PSDP	Adrift[d]	Needs[e]	PSDP
Parent	79%	86%	67%	80%	80%	70%
Child	17	11	14	6	15	9
Family relationship	3	3	11	9	2	13
Situation or environment	1	0	8	5	3	8

a. The locus of each problem in the present study was regarded to be as follows: "Other," from the problem list, was distributed according to the actual description as recorded by the worker. The "child" problems are all identified as such in the problem list. "Family relationship" includes marital, parent-child, and part of "other." "Situation or environment" comprise financial, housing, and part of "other." All the remaining problems are attributed to the parents.

b. Shirley Jenkins and Mignon Sauber, Paths to Child Placement: Family Situations Prior to Foster Care. New York: Community Council of Greater New York, 1966.

c. Deborah Shapiro, Agencies and Foster Children. New York: Columbia University Press (in press, 1976).

d. Edmund A. Sherman et al., Children Adrift in Foster Care. New York: Child Welfare League of America, 1973.

e. Blanche Bernstein et al., A Preliminary Report: Foster Care Needs and Alternatives to Placement. New York: New York State Board of Social Welfare, June 1975, page 24.

Children Adrift in Foster Care, unlike the other studies cited, did not draw its sample from the New York City foster care population but from the public child welfare department of Rhode Island. (In the Preventive Services Demonstration Project, 71% of the families and 67% of the children were from New York City and the remainder from Westchester and Monroe Counties.) Two of the studies, Paths to Child Placement and Agencies and Foster Children, were conducted in the 1960s; the others were in the 1970s. Paths to Child Placement, Foster Care Needs, and the present study included children in temporary care; the other two studies did not. The present study is the only one that included children not in foster care.

The most noteworthy aspect of the figures in Table 3.6 is the consistency with which the primary problem bringing children into foster care is considered to reside with the parents. In all the studies a problem with the parents is at least 4½ times as frequent as the next locus of problem, and usually more than that. In Children Adrift in Foster Care problems with the parents were nine times as frequent as the next type of problem. In the studies using family figures the four classifications of problems have the same rank order--1) parents, 2) child, 3) family relationships, and 4) situation or environment. Also noteworthy is the slightly greater frequency in the present study of family relationship and situational or environmental problems as the primary difficulty. This difference may arise in part from differences in the original problem lists of each study and the fact that cases in the present study are not a cross-section of the foster care population.

Functioning of the Parents

The worker completing the Baseline Data Form was asked to assess the functioning of each of the parents in 12 areas, indicating whether there was a problem and, if so, whether it was moderate or severe. In reviewing this information, presented in Table 3.7, two points should be kept in mind: mothers were present in 533, or 97% of the families, but fathers were present in only 168, or 31%, and the percentages given are based on these two very different numbers. Secondly, the workers frequently did not know about the parents' functioning in all of the 12 areas. On the average, about two of the 12 functioning items were unknown for the mothers, and about 3½ for the fathers. The proportion of unknowns varied greatly from item to item, ranging from a low of 8% on mother's physical illness to a high of 55% on father's social functioning. The larger the number of functioning items on which information was available, the larger the number of functioning problems reported. This suggests that the incidence of problems is grossly understated on items with a high proportion of unknowns. The New York City Preventive cases accounted for most of the unknowns. In those cases the demonstration staff completed the schedules on the basis of referral and collateral information and usually one contact with the family, whereas on Rehabilitative cases in all locations and Preventive cases in the upstate counties the schedules were completed by workers already familiar with the cases, many for a year or more.

Table 3.7

Problems in Functioning of Parents
at Time of Assignment

Percentage Distribution

Problem	Mothers (N=533)				Fathers (N=168)			
	Problem Present			When present, percent severe[a]	Problem Present			When present, percent severe[a]
	Yes	No	Unk.		Yes	No	Unk.	
Emotional adjustment	75%	15%	10%	37%	43%	21%	36%	42%
Supervision, guidance of children	71	12	17	39	57	12	31	41
Emotional care of children	65	19	16	30	54	17	29	38
Physical care of children	57	28	15	22	45	29	26	25
Financial management	47	17	36	30	39	19	42	41
Household management	43	30	27	32	33	28	39	29
Behavior	40	45	15	36	43	28	29	57
Social functioning	31	27	42	28	22	23	55	24
Marital functioning	29	63	8	67	59	22	19	49
Mental illness	28	56	16	5	15	57	28	0
Physical illness	17	75	8	12	11	77	12	6
Employment	9	80	11	25	23	45	32	41

a. The base for each percentage is the number of cases with the problem.

The mothers averaged problems in five areas of functioning,[5] and the fathers in $4\frac{1}{2}$. This differential probably reflects in part the greater proportion of unknowns in the fathers' functioning, and in part a tendency to view many of the functioning areas listed as primarily the mother's domain.

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5. As noted earlier in the chapter, this was one of only two areas in which the experimental and control groups were found to vary significantly in baseline characteristics: the mothers in the experimental group had problems in 4.9 functioning areas and those in the control group, 5.5 areas.

The most frequently cited functioning problem for the mothers was their emotional adjustment, noted for three out of four mothers, and for more than a third of those with difficulty in this area the problem was judged to be severe. Only a third as many had a diagnosed or suspected mental illness (28%). As noted earlier, the emotional problem or mental illness of a parent was the predominant problem leading to the request for service. These figures suggest that that refers more specifically to the emotional problems of mothers.

Problems in the mothers' care of children followed, with inadequate supervision and guidance most common (71%), followed by deficiencies in emotional care (65%) and in physical care (57%). Difficulties in financial management (47%), household management (43%) and behavior problems (40%) were also reported for more than a third of the mothers. The relative infrequency of marital problems is accounted for by the relative infrequency of a current marital relationship; over three-fourths of the married mothers did, however, have a marital problem and in two-thirds of those cases the problem was judged severe. Similarly, the low percentage with employment problems reflects the fact that this area was treated as not applicable for the large majority of the mothers who were not employed. It is noteworthy that problems of physical health are not frequent for either mothers or fathers in this sample.

Among the fathers, problems in marital functioning were reported most commonly. Problems in child care came next, with deficiencies again most frequent in supervision and guidance of children. Among the fathers, unlike the mothers, behavior difficulties were as common as problems in emotional adjustment. Mental illness, once again, was reported only a third as often as emotional problems. For every area of functioning except marital, behavior and employment, a smaller proportion of fathers than of mothers were reported to have problems.

In which areas of functioning were problems likely to be severe? On the average, about one-third of all functioning problems identified for either mothers or fathers were regarded as severe. In only the mothers' and fathers' marital functioning and the fathers' behavioral functioning were half or more of the problems considered severe. The areas with the lowest incidence of severe problems for both mothers and fathers were physical and mental illness.

Workers completing Baseline Forms were also asked to describe the nature of the behavioral or emotional problem when one existed. (These data do not appear in Table 3.7.) Over half (52%) of all mothers in the sample were described as depressed. About one in 10 was considered anxious, and similar proportions as hostile and as passive. One in 20 was described as overwhelmed. Emotional problems were much less frequent among the fathers, with about one in six fathers in the sample described as hostile and smaller proportions reported as depressed and as passive.

The behavior problems exhibited by the mothers were most likely to take the form of erratic, irresponsible behavior (18% of all mothers in the sample), drinking (13%), and use of drugs (9%). Among the fathers, drinking was the most common behavior problem (22%), followed by assaultive behavior (15%), erratic, irresponsible actions (11%), and drug use (6%).

In 86% of the cases the mother's functioning was a factor in the need for placement; in 47% of the cases the child's functioning was a factor; and in 24%, the father's functioning. It must be remembered that fathers were present in only 31% of the cases, so, where present, they were nearly always a factor in the need for placement. Though the most extreme form of failure in the functioning of the fathers is probably represented by their absence from 69% of these households, that kind of failure is not reflected in the 24% figure.

The Study Children

The 549 families included 992 suitable children--that is, children for whom the intensive service of the demonstration was thought to be needed to avert an imminent placement or to shorten placement. Of these children, 669 (67%) were in New York City cases, 183 (19%) in Westchester cases, and 140 (14%) in Monroe cases. These children, who will be referred to as the study children, by no means include all of the children in the study families. As stated earlier, the average household of the study cases included 3.1 children; by comparison, there were 1.8 study children per family. The distribution of the 992 study children by type of case, location, and assignment to experimental or control group is shown in Table 3.8.

Table 3.8

Distribution of Study Children
by Location and Type of Case

	Type of Case								
	Preventive			Rehabilitative			All Cases		
Location	Exp.	Cont.	Total	Exp.	Cont.	Total	Exp.	Cont.	Total
New York City	309	138	447	149	73	222	458	211	669
Westchester	84	49	133	30	20	50	114	69	183
Monroe	65	33	98	26	16	42	91	49	140
Total	458	220	678	205	109	314	663	329	992

Of the total, 678 were in Preventive cases, and 314 were in Rehabilitative. As can be seen in Table 3.9, this does not mean that all of the former were at home and all of the latter in foster care at the time of assignment to the project. Nearly one-third of the children in Preventive cases were already in temporary foster care when they came into the project and one-fifth of the Rehabilitative children had already returned home. For the Preventive children in temporary care it was thought that intensive service would prevent long-term placement, and for the Rehabilitative children at home it was thought that the intensive service would avert replacement. (As discussed in Chapter 2, the difference between Preventive and Rehabilitative cases was that the study children in the Rehabilitative cases were either in long-term foster care or recently home from long-term foster care, whereas the children in the Preventive cases were not in long-term foster care.)

Table 3.9

Whereabouts of Study Children
at Time of Assignment to Project

Whereabouts	Preventive		Rehabilitative		Total	
	No.	%	No.	%	No.	%
At home	436	64	58	19	494	50
With relatives, friends	18	3	1	0	19	2
In hospital	13	2	0	0	13	1
In foster care	211	31	255	81	466	47
Type of foster care	(N=211)		(N=255)		(N=466)	
Foster family		55%		83%		70%
Institution		5		4		5
Shelter		37		4		19
Residential diagnostic/ treatment center		3		9		6

The Preventive children who were in placement at the time of assignment to the project had already been in placement for an average of 2.9 months. The Rehabilitative children had been in placement for 30.3 months (the 58 children who had been recently returned home are included in the

figure).[6] Nearly a fifth of both groups (17% of the Preventive children and 20% of the Rehabilitative children) had experienced a previous placement, the duration of which was 10.3 months for the Preventive and 13.7 months for the Rehabilitative children.

Over 80% of the children in placement were on a voluntary commitment, 15% were on a court commitment, and the remainder were in emergency care prior to commitment.

Project Objectives

Within the general groupings of Preventive and Rehabilitative cases, there were several objectives that qualified cases for the project. Table 3.10 shows how many children were included under each objective. Some discrepancies may be noted between the whereabouts in Table 3.9 and those implicit in Table 3.10; the objective did not always coincide with the child's whereabouts at assignment, e.g., a child might be in placement with a court-ordered date set for return home and the objective of averting reentry, or a child might be home with definite plans made for admission to care and the objective of shortening placement.

Table 3.10

Distribution of Study Children by Objective

Objective	No.	%
Preventive cases:		
To prevent immediate placement	167	17
To prevent subsequent placement	309	31
To shorten placement	202	20
Rehabilitative cases:		
To accelerate return home	194	20
To avert reentry into care	83	8
To free for adoption	37	4
Total	992	100

6. Some children in the Preventive group, however, had been in placement over a year and some in the Rehabilitative group for less than 3 months.

The largest single category is made up of 309 children for whom placement within 6 months was thought likely by the worker making the suitability study if intensive services were not provided. Children for whom the objective was to avert such a placement came disproportionately from the upstate counties. This matter is discussed later in the chapter when differences between the New York City and upstate samples are described.

Comparison of the children randomly assigned to the experimental and control groups revealed only one statistically significant difference: there were proportionately more children in the control group with the objective of preventing immediate placement than in the experimental group (21% versus 15%). The compensating area of underrepresentation for the control children was in preventing subsequent placement (25% versus 34%).

Characteristics of the Children

Over half the study children (57%) were male, and 43%, female. This distribution is almost identical with that of all children in foster care in New York City and in New York State at the close of 1973.[7] The project children were considerably younger than children in foster care, as might be expected, since no child 14 years of age or older could be included unless he or she had a younger sibling in need of preventive services. (See Table 3.11.)

Table 3.11

Age Distribution of Study Children
and of Children in Foster Care on 12/31/73

Age	PSDP (N=992)	NY City (N=28,437)	NY State (N=48,812)
Under 2	18%	6%	7%
2 to under 6	28	16	16
6 to under 10	25	22	21
10 to under 14	25	26	25
14 and over	4	30	31
Median age	6.0 years	10.9 years	11.0 years

7. Program Analysis Report, No. 56, New York State Department of Social Service, October 1974, is the source of all the New York data except for the New York City racial data, the source for which is "Trends in Foster Care in New York City, 1960-1973," Research Note No. 12, March 1, 1974, Community Council of Greater New York.

Compared with children in foster care in New York City, a greater proportion of the study children were white and fewer were black or Hispanic (Table 3.12). In New York State 41% of the children in foster care were black and 59%, white, Hispanic, or of other racial background. Figures comparable to the white and Hispanic figures in New York City and the project are not available for New York State.

Table 3.12

Racial or Ethnic Distribution of Study Children and Children in Foster Care on 12/31/73

Race or Ethnic Group	PSDP (N=990)[a]	NY City (N=28,265)
White	31%	21%
Black	48	53
Hispanic	21	26

a. Two Oriental children are excluded.

The distribution by religion of the children in the project is similar to that of New York City children in foster care, as is apparent from Table 3.13.

Table 3.13

Religious Distribution of Study Children and of Children in Foster Care on 12/31/73

Religion	PSDP (N=992)	NY City (N=28,437)	NY State (N=48,812)
Protestant	40%	39%	45%
Catholic	41	42	37
Jewish	4	4	2
Other	3		
None	1	15	16
Unknown	11		

The Children's Functioning

As in the case of the parents, the worker was asked to indicate whether the child presented a problem in each of several areas of functioning and

whether the problem was moderate or severe. These data are summarized in Table 3.14.

Table 3.14

Children's Problems in Functioning

Problem	Percentage Distribution (N=992)			
	Problem present			When present, percent severe
	Yes	No	Unk.	
Relationship with parent	45%	41%	14%	35%
Behavioral adjustment	33	53	14	32
Learning problems	32	57	11	43
School behavior	31	61	8	45
Relationship with siblings	27	59	14	18
Emotional adjustment	26	53	21	17
Social functioning with peers	22	63	15	26
Social functioning with adults	13	73	14	22
Frequent or chronic illness	13	75	12	12
Physical disability	12	81	7	25

The children had fewer and less severe functioning problems than did their parents: on the average they had problems in 28% of the areas listed, whereas the mothers had problems in 43% of the areas listed and the fathers, in 38%. Of the problems that existed, 29% of the children's problems were considered severe, as compared with 32% of the mothers' problems and 38% of the fathers'. There are fewer unknowns for the children than for the parents--an average of 13% versus 18% for the mothers and 31% for the fathers.

Difficulty in relations with parents was by far the most commonly noted functioning problem for the children. Behavior problems ranked second, followed closely by difficulties in learning and in behavior at school. School problems in both behavior and learning were reported for half of the children actually in school. Least common were physical disabilities and frequent or chronic illness. Intellectual functioning is not included in the table because the item was included only in the revised form for Preventive cases. Of the 326 children for whom this information was obtained, 31% had a problem in intellectual functioning, and for about 9% of those the problem was judged to be severe.

Not only were school problems frequent, but where present they tended to be severe (43% and 45%). About a third of the problems in relations with parents and in behavioral adjustment were rated as severe.

The worker was also to note which if any of the child's functioning problems were a factor in the need for placement. The child's functioning was considered a factor for 345 children (35% of the study children). The functioning areas, grouped into major categories, associated with the need for placement were as follows:

Child's Problem	
Behavior problem	32%
Emotional problem	29
Family relationship	12
School behavior and performance	10
Physical illness or handicap	10
Intellectual problem	6
Social problem	1
	100

Viewed in this way, the behavior and emotional problems of the children were clearly the most significant, trailed by family, school and physical health problems. Intellectual problems, though inquired into only in one-third of the sample, were a placement factor for 6% of the children. Problems in school and in relations with parents, though common, were not often a factor in placement. On the other hand, problems in physical functioning were a factor in placement more often than their relative infrequency would have suggested.

Services Wanted and Planned

The caseworker was asked, on the Baseline Data Form for Preventive cases, what services the family wanted from the agency. With the exception of the 3% wanting no service, the families were reported to request, on the average, two services. Counseling was by far the most commonly sought service, noted in 77% of the cases. Financial assistance was second in frequency, wanted by 34%. Day care and homemaker service were desired by 20% and 15%, respectively. Only a third of the families were requesting placement away from home for one or more children--usually foster care (31%) and occasionally adoption (2%). A fifth of the families wanted other services too diversified to classify.

What services did the workers think they would be likely to provide or arrange for in the next 6 months if the case was assigned to the demonstration unit versus the agency's regular program? As may be seen from Table 3.15, in which the responses are summarized, counseling was anticipated for more than nine out of 10 cases, whether assigned to the

regular or to the experimental program, but in most instances it was anticipated that more intensive counseling would be provided in the demonstration unit. All but two services were seen as more likely to be provided in the experimental program, and in many cases where a given service would be provided in either program, it was thought that the amount or intensity of the service would be greater in the experimental program. The two exceptions were placement, of course, and medical service, which was expected to be provided with the same frequency under the two programs. The services in addition to counseling that were most often anticipated for the experimental program were psychological or psychiatric evaluation, education in the practical aspects of home management, family life education, help with housing, psychological or psychiatric treatment, day care, and vocational counseling, training or placement--all expected for more than a third of the cases. The only service other than counseling regarded as likely for more than a third of the cases in the regular program was placement away from home, anticipated for 41%. It is interesting that foster care was not noted for a larger proportion of the cases in the regular program since on the same schedule placement within 6 months was expected in the absence of the intensive services.

Table 3.15

Services Planned for Cases If Assigned to Experimental or Regular Program

Service	Percentage of Cases (N=549)		
	Expect service to be provided if in		
	Exper. Program	Regular Program	More of the service if in experimental program
Counseling	98%	91%	87%
Psychological/psychiatric evaluation	47	32	11
Help with housing	45	22	17
Education in practical aspects of home management	45	14	11
Family life education	45	11	9
Psychological/psychiatric treatment	41	24	14
Day care	36	18	3
Vocational counseling, training or placement	36	14	8
Financial assistance	34	19	8
Recreation/cultural enrichment	32	8	6
Medical service	26	26	7
Tutoring, remedial education	26	12	5
Homemaker service	24	9	2
Placement	11	41	1
Other	5	3	2

Highly relevant to the appropriateness and feasibility of services to prevent or shorten placement are the attitudes of the parents and children toward the children's remaining or returning home. The workers' judgment of these attitudes was requested for both Preventive and Rehabilitative cases. As may be seen from Table 3.16, a substantial majority of the parents, as well as of the children whose attitudes were reported, were at least moderately positive, while only very small percentages of each were opposed to the child's remaining or returning home.

Table 3.16

Attitudes of Family Members Toward
Child's Remaining or Returning Home

Attitude	Mother (N=533)	Father (N=168)	Child (N=992)
Strongly or moderately positive	60%	54%	41%
Mixed feelings	23	15	11
Strongly or moderately opposed	4	4	6
Different attitudes regarding different children	11	7	--
Unknown	2	20	42[a]

a. Includes a large number of children considered too young to have an opinion.

Differences Between Preventive and Rehabilitative Cases

As has been noted, the difference between the Preventive and Rehabilitative cases was not in goals, as the goal for both was to minimize or eliminate the need for placement, but in the history of the two groups. The Preventive cases, numbering 354, or 64%, of the total sample of 549 cases, tended to be cases relatively new to the agencies, where a recent or imminent placement was the issue. In the 195 Rehabilitative cases, 36% of the sample, the children were already in long-term placement with the agencies or had recently been returned home from such a placement. The distinction between the two categories is blurred in some instances in that some children in Preventive cases had actually been in placement for longer than some children in Rehabilitative cases, but in general the characterization holds and the two groups differed significantly on several baseline items.

One-third of the Rehabilitative families but only one-fourth of the Preventive families had two parents. The Preventive families were more

likely to be Protestant, while the Rehabilitative families were more likely to be Catholic or Jewish:

Religion	Preventive (N=304)	Rehabilitative (N=183)
Protestant	53%	43%
Catholic	39	47
Jewish	3	7
Other or none	5	3

More services were expected for the Preventive than for the Rehabilitative cases whether or not they were assigned to the demonstration units. The differences were primarily in the areas of providing homemaker service, tutoring, recreational or cultural enrichment, and psychological evaluation. No doubt much of this difference is due to the point in time in the family's difficulties at which the two types of cases came into the project, e.g., homemaker service and psychological evaluations are probably more pertinent early on; and, of course, some services are more likely when a child is at home, e.g., tutoring, recreational and cultural enrichment, and homemaker service.

Not surprisingly, there were more than twice as many children in placement in the Rehabilitative cases than in the Preventive cases, 1.6 versus .7, and fewer children at home, 1.2 versus 2.3. (These figures include all children, not just study children.) There were fewer study children in the Rehabilitative cases, 1.6 versus 1.9 (a study child was one for whom it was thought the demonstration services would reduce the time in placement), due both to the smaller number of children altogether in the Rehabilitative cases (2.8 versus 3.0) and to the stricter admission criteria to the project for Rehabilitative cases--in Rehabilitative cases, the study children had to be currently or recently in placement to qualify, but in Preventive cases, children for whom placement was considered likely within 6 months could be included.

The results for the Preventive cases of having more children at home are manifold: more Preventive families received AFDC (63% versus 43%), fewer of the mothers worked outside of the home (14% versus 32%), the emotional climate of the home was considered poor for a greater number of cases (40% versus 28%), and problems were more frequent in the child's functioning and both parents' emotional care of the children. These differences are probably attributable to the number of children at home rather than to any other differences between the Preventive and Rehabilitative groups because of positive associations between the presence of any children at home and the number of functioning problems for mother, father, and children, regardless of the type of case. An opportunity factor appears to be operating, in the sense that the greater the potential for problems, the greater the number of problems. If no children are home there are fewer problems in the parents' child care functioning and in the children's family functioning. This may sound obvious, but

it is an important bias in the incidence of functioning problems and should be kept in mind. This same phenomenon may also be observed when the mother is not married, in that she has fewer functioning problems and the emotional climate of the home is better.

The locus of the most important problem in the eyes of the worker who completed the Baseline Data Form was more frequently the parents in the Rehabilitative cases:

Locus of Problem	Preventive (N=354)	Rehabilitative (N=194)
Parent	62%	77%
Child	15	10
Family relationship	13	8
Situation or environment	10	5

For greater detail on the most important problem for the two groups, the reader is referred back to Table 3.5.

More children in the Rehabilitative group had mixed feelings about or were opposed to remaining or being returned home (46% versus 28%).

Differences Between New York City and Upstate Cases

New York City provided 71% of the total sample of families (389) and the two upstate counties, Westchester and Monroe, the remaining 29% (160 families). There were a great many differences between the two subsamples, some in demographic characteristics but many more in problems and services requested and planned. A summary of the statistically significant differences follows. Unknowns are omitted from the calculations.

More of the upstate families were Protestant and fewer Catholic and Jewish:

Religion	NYC (N=359)	Upstate (N=128)
Protestant	46%	56%
Catholic	45	37
Jewish	6	2
Other or none	3	5

Many more of the upstate families were white, fewer black, and many fewer Hispanic:

Race or Ethnic Group	NYC (N=377)	Upstate (N=155)
White	23%	50%
Black	53	46
Hispanic	24	4

There were no significant differences in the proportion of two-parent families, the number of persons in the household, or the availability of helpful relatives. The New York City families in the project, did, however, have less adequate income and housing, and in general were considered to have greater background liabilities.[8]

The New York City families had, on the average, almost three times as many children in placement as the upstate families (1.3 versus .5). This differential in the number of children in placement is reflected in the objectives for which cases were admitted to the project:

Objective	NYC		Upstate	
	No.	%	No.	%
Preventive cases:	447	100	231	100
Prevent immediate placement	104	23	63	27
Prevent subsequent placement	151	34	158	69
Shorten placement	192	43	10	4
Rehabilitative cases:	222	100	92	100
Accelerate return home	158	71	36	39
Avert reentry into placement	37	17	46	50
Free for adoption	27	12	10	11

The Preventive cases had been known to the child welfare system much longer upstate than in New York City:

Length of Time	NYC (N=213)	Upstate (N=105)
Less than 3 months	63%	31%
3 to 12 months	30	36
Over 12 months	7	33

The distribution of Preventive cases by source of referral was quite different between New York City and the upstate counties. Parents were much less often the persons seeking service upstate than in New York City. Other agencies in the community, friends and relatives played a larger role in referring families to the child welfare agency in the

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8. Ten background items, such as mother's age, education, race, number of children, availability of relatives, adequacy of income and housing, were combined to obtain an overall indicator of the assets and liabilities of the families.

upstate counties. The closer relation between the divisions of Income Maintenance and Child Welfare in the Departments of Social Services in the two upstate counties may have resulted in more referrals from Income Maintenance.

Source of Referral	NYC (N=248)	Upstate (N=104)
Parents	50%	23%
Relatives, friends	10	16
Physical or mental health agency	11	7
Voluntary social agency	10	10
Courts or police	10	15
School	8	14
Income Maintenance	1	12
Other	0	3

More problems were seen by workers or families on Preventive cases in the upstate sample--an average of 5, compared with 3.4 in New York City. The greater incidence of problems in the upstate cases was also evident in the functioning of family members. Both mothers and fathers in the upstate families averaged two more functioning problems than did those in the New York City sample (6.7 versus 4.5 problems for the mothers and 5.9 versus 3.9 for the fathers). The children averaged one more functioning problem, 3.9 versus 2.9. As mentioned earlier in this chapter, some of the differences between the New York City and upstate samples, especially with regard to problem identification, may reflect the fact that the New York City cases tended to be less well known to the person completing the Baseline Data Form. There were many fewer unknown items upstate than in New York City, and the fewer the unknowns, the greater the number of problems identified.

The Preventive cases in the upstate sample had a higher incidence of problems on nine items on the problem list. The New York City cases had a significantly higher frequency on only one problem: inadequate housing.

Problem	NYC	Upstate
Emotional problem or mental illness of parents	48%	67%
Child's emotional or behavior problem	43	58
Inadequate housing	43	30
Emotional neglect of child	32	66
Parent-child conflict	25	39
Physical neglect of child	17	37
Marital conflict	17	29
Antisocial behavior of parents	12	34
Employment of caretaking parent	9	20
Abuse of child	2	16

New York City-upstate differences also appeared on the most important problem identified by the workers on all cases. When the problems were collapsed into four categories according to the locus of the problem, the results were as follows:

Locus of Problem	NYC (N=388)	Upstate (N=160)
Parent	63%	77%
Child	16	6
Family relationship	10	14
Situation or environment	11	3

The emotional climate of the home was considered to be poor much more frequently in the upstate cases (49% versus 29%). In addition, the upstate fathers more frequently had a negative or mixed reaction toward the children's remaining or returning home (47% compared with 18% in New York City). Also observed in the upstate sample at the time of assignment to the project was a greater incidence of drinking problems for both mothers and fathers (25% and 62% versus 12% and 25% for New York City), and a greater incidence of depression or feelings of being overwhelmed among the mothers (79% versus 62%). In both of these instances, however, there is again the problem of information bias, since on these items the unknowns are treated as not a problem.

There are differences in the kinds of services requested by the families in the upstate and New York City samples. Day care and financial assistance were requested more frequently upstate (33% and 50%, versus 14% and 27% in New York City), and placement less often (20% versus 35%).

If the cases were to be assigned to the demonstration units for service, there were plans in more upstate than New York City cases for day care, family life education, medical and psychiatric treatment, and plans in fewer upstate cases for homemaker service or help with housing. If the cases were to be assigned to the regular program workers expected that most of the services would be provided to more of the upstate than the New York City cases. In New York City it was anticipated that 3.2 services would be provided in the regular program, in the upstate counties, 4.0.

To what extent the differences in the predicted service patterns reflected differences in the cases, or in the familiarity of the workers with the cases, or in availability of services, is not known. However, the analyses in Chapter 4 show that the initial prediction that more services would be provided upstate than in New York City if cases were assigned to the regular program (i.e., the control group) was borne out.

In summary, there were numerous differences between the New York City and upstate families. The backgrounds of the families were not so different as might have been expected except in racial and religious composition. The major differences were in the greater number and severity

of problems identified in the upstate families as compared with the New York City families, and in the service plans, especially if the cases were to be assigned to the regular program.

A Note on Unsuitable Cases

For reasons elaborated in Appendix B on unsuitable cases, comparative data are available on only a sample of the unsuitable cases considered for the New York City Preventive group. In general, these were cases that met the basic eligibility requirements for the project but were deemed unsuitable because the severity of parent or child disfunction made it unlikely that the demonstration services, at least within the time limits of the project, would make a difference. The families tended to be somewhat less disadvantaged economically than suitable cases, but to exhibit more severe pathology, greater parental resistance to child care, and greater readiness to place their children in foster care.

Chapter 4

THE SERVICES PROVIDED

The examination of services provided to cases in the Preventive Services Demonstration Project was undertaken for two purposes. One objective was to compare the service inputs in experimental cases and in control cases. As indicated in Chapter 3, the two groups of cases were very similar at the time when they entered the project. The demonstration units were established to provide more intensive service to families than is ordinarily available. It was recognized from the start, however, that cases in the control group would not be unserved cases and that some might receive as intensive and extensive service as those in the experimental group. If the relative effects of service to the experimental and control group are to be examined, it is important to have a clear picture of the services provided to the two groups. The first section of this chapter presents data on this matter.

The second objective of our examination of services was to obtain as full as possible a description of the services offered through the special demonstration units, for the use of agencies that may wish to undertake similar programs. Cases in the experimental group did not have uniformly favorable results, as is indicated in Chapter 5. Detailed analysis of the services received was necessary to identify the relation of services to differential outcome, discussed in Chapter 6. The second part of this chapter describes additional facets of the demonstration service not covered in the experimental/control group comparison.

A Comparison of Services to Experimental and Control Cases

As described in Chapter 2, service data on the experimental cases were obtained through detailed Monthly Service Schedules submitted by the caseworker during the life of the case, while service data on the control cases were reported retrospectively and in summary form on the schedule completed at case closing or the end of the study period. As indicated earlier, we recognize that this difference in method of data collection may interfere with the comparability of the information on the two groups of cases, but we have no basis for judging the degree or direction of the effect.

Some service items are available on the total sample of 373 experimental and 176 control cases. For 32 control cases and 16 experimental cases, however, the service information is scant. The missing information on

the control cases is due to the use of the abbreviated Outcome and Service Schedule devised for New York City control cases that were still open in the borough offices of SSC or that had closed in the child welfare system altogether. The 16 experimental cases were those that terminated with no service contact by a demonstration worker after assignment to the project and on which no service information was requested. These 16 cases show up in tabulations on amount of service as having received no interviews and no other services, but they are excluded from tabulations requiring more information. The number of cases on which data are presented in this section therefore vary, as indicated on the tables.

Of the 549 study cases, 428 were still open at the cutoff date for collection of data on service and outcome. The proportion of cases closed prior to that date was 24% (90 cases) for the experimental group and 18% (31 cases) for the control group. Actually the percentage in which service was discontinued was comparable for the two groups, since 22 cases or 6% of the experimental group were transferred out of the demonstration unit to the agency's regular program because it was concluded that placement was necessary and the case not appropriate for the demonstration. The largest group of early closings in the experimental group were 34 cases or 9% in which service objectives were met or intensive service was considered unnecessary.

The average length of service from assignment to the project to case closing or conclusion of the study period was almost identical for the experimental cases and the control cases (8.3 months and 8.5 months, respectively). Thus, it is not in the duration of service but in its intensity that the two groups varied markedly.

A number of different counts of service contacts were obtained, some of which are believed to have greater reliability than others. A gross count of all contacts in person or by telephone, with family members or collaterals, yielded an average of 119.5 for experimental cases, compared with 64.6 for control cases, or monthly averages of 14.4 for experimental cases and 7.6 for control cases.

A major component of this gross figure is the in-person interview, defined as an in-person contact "involving significant verbal exchange." If such an interview involved more than one participant, an interview was counted for each participant. The average number of in-person interviews with different family members during the evaluation period is given in Table 4.1. The total in the average experimental case was 39.5, significantly higher than the 27.7 average for control cases. Most of the difference is accounted for by the fact that nearly twice as many interviews were conducted with the mother or mother substitute in experimental cases. Many more in-person contacts other than formal interviews also occurred with family members in experimental cases (9.6 versus 2.7 for control cases, on the average), and much closer contact was maintained by telephone.

Table 4.1

Interview and Other Contacts With Family Members
in Experimental and Control Cases

Type of Contact	Average Number		p[c]
	Experimental (N=373)	Control (N=144)	
In-person interviews with--			
Mother	17.1	9.8	< .001
Father	3.0	2.4	NS[d]
Natural parent not in household	.4	.1	NS
Children[a]	17.0	14.3	NS
Relatives	2.0	1.1	< .05
Total interviews	39.5	27.7	< .01
Other in-person contacts[b]	9.6	2.7	< .001
Telephone contacts	28.5	9.3	< .001
Total contacts with family members	77.6	39.7	< .001

a. These figures represent the average number of interviews with all children, not per child.
b. Contacts by case aides were generally regarded as other in-person contacts; also counted here were contacts by caseworkers that they did not consider interviews.
c. p equals the probability of a difference of such magnitude between the experimental and control groups arising by chance.
d. NS signifies not statistically significant, that is, a difference of such magnitude could have arisen by chance in more than 5 in 100 times.

The unduplicated count of in-person interviews with adult family members (that is, with a single interview counting as one regardless of the number of participants) was 18.5 on the average for experimental cases and 11.1 for control cases (in contrast to 39.5 and 27.7 in the duplicated count for Table 4.1), a difference significant at the .001 level. The difference was a little more marked for New York City cases (19.0 for experimental cases versus 10.1 for controls), than for upstate cases (17.5 versus 12.9). The upstate cases had slightly fewer contacts on experimental cases and slightly more on control cases than was true of New York City.

In-person contacts with collaterals (social agencies, courts, police, etc.) occurred on the average less than once a month in both experimental and control cases, but telephone contacts with collaterals were much more frequent in experimental cases (30.4 versus 7.1, on the average).

Thus, as intended, the demonstration staff were able to provide much more intensive service than were staff serving the control cases in the usual program. Our next question concerns the frequency with which different types of service were provided the cases directly by the agency or through arrangements with other agencies. As may be seen from Table 4.2, a significantly higher proportion of experimental cases than of control cases received each of the services listed, except psychological/psychiatric evaluation and treatment, and placement. Counseling was given in an overwhelming majority of both experimental and control cases. This was supplemented in the experimental cases by a variety of practical services to assist the family in coping with its problems and meeting its child care responsibilities.

Table 4.2

Services Provided in Experimental and Control Cases

Service	Percentage of Cases		p
	Experimental (N=373)	Control (N=176)	
Counseling	95%	81%	< .001
Financial assistance	78	44	< .001
Medical service	60	45	< .01
Placement	60	67	NS
Help with housing	45	23	< .001
Family life education	41	15	< .001
Psychiatric/psychological evaluation	38	32	NS
Education in home management	37	14	< .001
Vocational counseling, training or placement	35	14	< .001
Recreation, cultural enrichment	29	11	< .001
Tutoring, remedial education	26	14	< .01
Psychiatric/psychological treatment	26	28	NS
Day care	19	11	< .05
Homemaker service	19	6	< .001
Other service	26	8	< .001

The experimental and control differences were also examined within the New York City-upstate subsamples. The results, presented in Table 4.3, were striking. Although a greater proportion of the upstate experimental cases received each service listed except placement when compared with the upstate control cases, the only categories in which the difference was large enough to achieve statistical significance were homemaker service and "other service." In the New York City sample, however, the services provided to the experimental cases exceeded the control cases to a significant degree in every service except placement, psychological/psychiatric evaluation and treatment, and day care. It appears, then, that much of the difference between the total experimental and control groups in services provided (Table 4.2) is accounted for by the New York City sample, and particularly by the low proportion of New York City control cases receiving many of the services listed. The only services provided with any frequency to the New York City control cases, aside from counseling and financial assistance, were placement and the services most closely connected with placement: medical services and psychological/psychiatric evaluation and treatment.

Two general themes, repeated in subsequent data, begin to emerge in Table 4.3: the paucity of services oriented toward the preservation and rehabilitation of families in New York City control cases, and the much greater provision of these services in the upstate control cases. A note of caution: it should be kept in mind, in contemplating these differences between the New York City and upstate cases, that the City and upstate samples were quite different at the outset (see Chapter 3). The most significant difference for our purpose was that 60% of the New York City study children were in placement at the time of assignment to the project, compared with 20% of the upstate children. The whereabouts of the children generally has a marked effect on the type of service provided, unless, as with the experimental cases in New York City, the emphasis is on rehabilitating the family regardless of whereabouts.

It is also possible to use the data in Table 4.3 to make comparisons between the service provided by the New York City and the upstate demonstration units and between the New York City and the upstate control groups. The New York City experimental cases tended to receive a greater range of services than did the upstate experimental cases, but not to a significant degree. The only significant differences were the greater provision of family life education, recreational and cultural enrichment, and, of course, placement in New York City, and the greater provision of day care and psychological/psychiatric treatment, upstate. Comparing the New York City and the upstate control cases, we find that the upstate control cases received more frequently every service listed except placement and "other services." The differences that were statistically significant were in financial assistance, housing, family life education, home management, day care and placement.

Table 4.3

Services Provided by Location and Service Assignment

Service	Percentage of Cases					
	NYC			Upstate		
	Experimental (N=267)	Control (N=122)	p	Experimental (N=106)	Control (N=54)	p
Counseling	96%	78%	< .001	93%	87%	NS
Financial assistance	78	34	< .001	78	65	NS
Medical service	57	43	< .01	65	50	NS
Placement	69	79	NS	35	41	NS
Help with housing	45	18	< .001	43	33	NS
Family life education	47	11	< .001	26	24	NS
Psychiatric/psychological evaluation	38	31	NS	38	33	NS
Education in home management	40	10	< .001	30	22	NS
Vocational counseling, training or placement	36	11	< .001	33	20	NS
Recreation, cultural enrichment	33	10	< .001	19	13	NS
Tutoring, remedial education	27	14	< .01	25	15	NS
Psychiatric/psychological treatment	22	27	NS	36	32	NS
Day care	13	7	NS	33	22	NS
Homemaker service	17	5	< .01	24	7	< .05
Other service	26	11	< .01	26	2	< .001

These patterns can perhaps be seen more clearly in the average number of different services provided in the experimental and control cases in the two locations:

Location	Experimental	Control	p
New York City	6.3	3.7	< .001
Upstate	6.0	4.7	< .01
All locations	6.2	4.0	< .001

In both locations experimental cases received more services than did control cases, with the difference more marked in New York City than in the two upstate counties. The difference between New York City and the upstate counties in the number of services provided to experimental cases is not significant (6.3 versus 6.0), but the upstate counties are found to provide significantly more services to their control cases than does New York City (4.7 versus 3.7).

Service Making Greatest Contribution. When asked what service, if any, made the greatest contribution to progress in the case, in only one experimental case but in 35% of the control cases the answer was that no service had contributed to progress. Among those cases where some service had made a contribution (see Table 4.4), counseling was named in 73% of the experimental and 42% of the control cases. In general, the point of view of demonstration staff was that in most cases other services, although often of great importance, could not have been delivered in the absence of the personal interaction of client and worker denoted as counseling. The frequency with which other services were designated as making the greatest contribution in the experimental cases dropped off rapidly after counseling. Among the control cases where any service had made a contribution, medical or psychiatric services and placement were regarded as contributing in one-fifth and one-sixth of the cases. The New York City agencies singled out counseling much more often in both the experimental and control groups than did the upstate agencies, while the latter gave greater weight to day care and medical or psychiatric services in both the experimental and control cases. It is also noteworthy that in 52% of all of the upstate control cases the workers said there had been no service that made a contribution to progress on the case. The comparable figure in New York City was 25%. What accounts for this very sizable difference? The upstate workers on control cases had more interviews with the families and provided more services than was true for control cases in New York City, yet in over half of the cases they did not feel that any service contributed to progress. Does the difference reflect something about the case, the worker, or the patterns of service in the two subgroups? For example, the cases have been known longer in the upstate agencies. Do the workers' opinions reflect a pessimism born of familiarity? Whatever the source, this is another pattern that is reflected in subsequent data: the upstate workers on both experimental and control cases tended to be less optimistic in their evaluations of services and outcomes.

Table 4.4

Service Making Greatest Contribution to Progress on Case

Service	Percentage of Cases Where Any Service Made a Contribution					
	Experimental			Control		
	NYC (N=258)	Upstate (N=98)	Total (N=356)	NYC (N=66)	Upstate (N=26)	Total (N=92)
Counseling	78%	58%	73%	49%	27%	42%
Medical, psychiatric	4	14	7	18	27	21
Financial, housing	5	6	6	5	8	5
Placement	6	1	5	17	15	16
Day care	0	9	3	0	15	4
Other	7	12	6	11	8	12

Services Needed but Not Provided. Regarding deficits in service, the workers on control cases identified an average of .7 services that were needed but not provided (or not provided in sufficient amount) on each case and the demonstration workers identified .4 such services per case. Counseling, educational/vocational service, and family life education/home management were reported as needed but not provided significantly more often in control cases than in experimental cases (see Table 4.5).

Table 4.5

Services Needed but Not Provided

Service	Percentage of Cases		p
	Experimental (N=357)	Control (N=176)	
Medical, psychiatric	13%	13%	NS
Counseling	8	18	< .01
Housing	5	5	NS
Financial assistance	4	2	NS
Educational, vocational	3	9	< .01
Day care	3	5	NS
Family life education, home management	2	7	< .01
None	69	54	< .01

In view of the much greater provision of every service in the study service list except placement to the experimental cases than to the

control cases (see Table 4.2), we can only assume that "services needed but not provided" to control cases suffers from lack of information and difference in perspective. The workers in control cases were unlikely to know the needs of the natural families as well as did the demonstration workers who worked intimately with them. The perspective of the worker in a control case may often be oriented toward placement and, if placement is achieved, there may be no awareness of needed but unprovided services for the natural family.

In six out of 10 cases, for both experimental and control cases, the service was not provided, or not provided in sufficient amount, because the client in some way refused the service; in only four out of 10 cases did the workers report that the service was not available to the client.

No conspicuous differences between New York City and upstate cases are observable on this item.

Helpfulness of Service. The workers' judgments on the helpfulness of their agency's services were considerably more positive for experimental than control cases. Caseworkers' judgments on their own cases are, of course, open to criticism, but there appears no reason to believe that one group would be more candid than the other about the helpfulness of service.

Table 4.6

Helpfulness of Service as Judged by Worker

Evaluation of Services	Percentage of Cases					
	Total		New York City		Upstate	
	Exper. (N=357)	Control (N=170)	Exper. (N=258)	Control (N=116)	Exper. (N=99)	Control (N=54)
Very helpful	51%	37%	57%	46%	36%	19%
Somewhat helpful	44	52	37	43	61	70
Not helpful	5	11	6	11	3	11
p	< .01		NS		< .05	

Service was considered very helpful in over half the experimental cases but only in 37% of the control cases (Table 4.6). Once again the upstate workers for both experimental and control cases were considerably more restrained than the New York City workers in their judgments of the

degree of helpfulness of the service. However, the services were considered very helpful for many more of the upstate experimental cases than for the upstate control cases. The difference in the evaluation of helpfulness between the experimental and control groups in New York City falls short of significance.

Enabling Factors and Barriers. We were interested in the workers' perceptions of both enabling factors in working toward case goals and barriers to the realization of goals. Parents' functioning, the support of friends or relatives, and the services of the workers' own agency were more often seen as enabling factors in experimental cases than in control cases. Parental functioning was as likely to be a barrier as an enabling factor in experimental cases, and was as commonly a barrier in experimental and control cases. Problems in children's functioning were less often recognized as a barrier in control cases than in experimental cases, but this may reflect the tendency, noticed throughout the study, for the functioning of the children to be considered more of a problem when the children are home than when they are in placement, and more of the experimental children were home when the data on enabling factors and barriers were collected. The services available in the workers' own agency were more often seen as a barrier in control cases and as an enabling factor in experimental cases. In general, there is a tendency for more enabling factors and barriers to be identified in experimental cases. Once again, this is probably the result of the workers' greater knowledge of the experimental cases.

Table 4.7

Enabling Factors and Barriers in Goal Achievement

Factor	Percentage of Cases[a]					
	Enabling Factors			Barriers		
	Exper. (N=357)	Control (N=144)	p	Exper. (N=357)	Control (N=144)	p
Parents' functioning	83%	63%	< .001	85%	82%	NS
Children's functioning	64	58	NS	46	35	< .05
Friends, relatives	42	30	< .05	34	28	NS
Service of own agency	92	82	< .001	12	29	< .001
Service of other agencies	67	60	NS	35	28	NS
Environmental factors	37	40	NS	42	49	NS

a. Figures add to more than 100% because several factors could be, and usually were, listed for a given case. Also, the same factor could be listed as both an enabling factor and as a barrier on the same case.

Additional Detail on Service in Experimental Cases

The Monthly Service Schedule yielded much more detail on the experimental cases than was available on the control cases. That information is presented in this section.

As indicated earlier, the demonstration cases were open on the average for 8.3 months. They received service for an average of 7.7 months. The differential between months open and months active is accounted for princ pally by delay in initiating service, especially in the Rehabilitative cases, which had to be transferred from other workers. For 60% of the experimental cases, there was activity in each of the months open.

On each type of service provided, an attempt was made to differentiate those services provided directly by the demonstration agency, those arranged by the demonstration staff through a different agency, and those provided by another agency without arrangement by the demonstration staff. Despite efforts to clarify what should be regarded as "own agency" in the case of large multifunction agencies, these data are not at all precise. We therefore make only general observations about the locus of the service. In both the voluntary agencies in New York City and the upstate public agencies, counseling, help with housing, family life education, and education in the practical aspects of home management, if provided at all, were provided in almost every instance by the demonstration worker's own agency. The public agency was also the provider of financial assistance and placement. In both the public and the private agencies, for half to three-fourths of the families receiving vocational service, recreation/cultural enrichment, or homemaker service, the service was provided by the demonstration agency. The remaining services--medical, psychological, educational and day care--were, on the other hand, usually provided by another agency in both types of agencies.

For how many months were each of the services provided by the demonstration agencies? Counseling and financial assistance, where provided at all, were usually given for the life of the case. Day care was provided for $4\frac{1}{2}$ months, on the average; family life education, medical services, and homemaker service were provided for about 3 months each. The remaining services, such as educational, vocational, recreational, psychiatric/psychological evaluation and treatment, help with housing and home management, were provided for only about 1 month each. (Placement is not included here. The provision of placement is discussed in detail in Chapter 5.)

Advocacy. Services of other agencies were listed in Table 4.7 as a barrier to goal attainment in 35% of the experimental cases. Frequently the service response to such a barrier is worker intervention with the agency or institution in behalf of the client. On the Monthly Service

Schedules, the demonstration workers reported advocacy efforts in about one-third of the cases. The targets of the advocacy were the following institutions:

Advocacy Target	Percentage of Cases[a] (N=373)
Income Maintenance	19%
Social, health, child welfare agencies	16
Schools	8
Housing-related agencies	6
Other	4

a. Figures add to more than one-third of cases because more than one advocacy target was cited on some cases.

In New York City, the bureaucratic entanglements in obtaining financial assistance, housing and social services from the Department of Social Services became so complex, frustrating, and time consuming that the seven New York City project directors made a concerted effort to make their complaints known to top DSS officials.

They hoped to accomplish two objectives--to find more expeditious ways to "negotiate the system" in behalf of their clients and to provide the officials with evidence of the hardships endured when clients need but cannot obtain a benefit or service presumably provided by one of these systems. In response to their efforts, an official within the Department of Income Maintenance was appointed to serve as a liaison to the projects. If a project case was getting bogged down at an Income Maintenance Center, the project director was to call the liaison for assistance. For the most part the project directors found the use of the liaison to be quite effective, though they were distressed that the special treatment they were able to obtain for their clients was limited to this group and to the duration of the project.

The contacts between project clients and DSS usually involved one of the following: certification of eligibility, recertification, adjustment of inadequate budgets, approval of housing, and applications for day care or homemaker service. Sometimes the problems were in the regulations themselves, such as the disallowance of telephones because the state does not reimburse for telephones (one of the project directors was told that she had obtained the first DSS approval for a telephone in New York City in over 2 years!); or the restriction of the grant for $400 for clothing and furniture for bringing a child home from placement to children in care for at least 9 months. Other times the problem was one of interpretation, misinformation, or attitude. Some of the project directors described the prevalent attitude in DSS as official sanction for denial of assistance, an accountability system that makes saying "no" easy and "yes" difficult. Some of the demonstration workers and

project directors found that the best preparation for dealing with the social service and income maintenance systems was to know the regulations backwards and forwards. In that way, they could advocate for their clients directly with the DSS workers when misinformation or misinterpretation was the issue. Other problems, of course, are the untrained DSS workers and understaffed centers.

All of this combined to make the dealings with New York City DSS the most difficult collateral work of the project. It is ironic that state and city funds should be spent on a special project that in turn had to spend a good deal of time trying to obtain for clients the financial assistance and services to which they are entitled from the public Department of Social Services.

A few examples may be instructive in understanding the kinds of problems confronting the demonstration units and their clients.

> Miss E., 30 years old, mother of 3, the youngest of whom was already in placement, was living with an alcoholic, abusive man. As she wished to establish her own apartment, she applied to DSS with the demonstration agency's support. DSS refused to consider her case unless she brought the man to the interview. Miss E. withdrew the application and remained in the apartment. A few months later the man tried to throw the oldest child, 4 years old, out the window and did throw out all of her clothes. Miss E. took her children to a friend's house, moved in with another friend, and reapplied to DSS. Miss E. was told she could not be granted assistance until she was domiciled and she could not be referred to the Housing Division until she was a recipient! The project director called the Central Office of DSS and, through the intercession of the liaison, the DSS Housing Division became involved. When Miss E. finally found an apartment, and obtained the required three signed leases, she was not able to get an appointment at DSS until a week later, by which time the apartment was rented. During all of this time Miss E. was living on single-issue grants of $129 for two weeks. Renewing the grant took her one or two days each time.

Decisions are sometimes made by the Income Maintenance Center that display a lack of understanding of the client's situation and that have a very specific adverse effect on the client, e.g., one mother's assistance was contingent on her enrollment in an evening drug treatment program. Another mother was approved for only half a grant because she was under 21 and her incompetent mother who had never provided for her was theoretically responsible for the other half. If project directors had not once again invoked the aid of the special liaison from the central office of DSS, the children of these women might well have entered placement.

Project directors commented on their clients' feelings of defeat about receiving any assistance or even concern from DSS, their cynical conviction that nothing good could happen, and the efforts of some to "beat the system." It is likely that some mothers may decide it is easier to place their children where they can receive adequate care than to cope with the exigencies of trying to obtain financial assistance, adequate housing, or social services.

In many cases the need for foster placement is a direct result of the failure of other less costly, community based, publicly funded programs. The salience of the administration of public assistance to the delivery of child welfare services is illustrated by the fact that six out of 10 families in the project are public assistance recipients.

Description of Interviews With Adult Family Members. Since counseling was the central service of the demonstration and since counseling is rendered principally through interviews with the parental figures, a major section of the workers' Monthly Service Schedule was given to detail on their in-person interviews with adult family members. As indicated in the comparative data on experimental and control cases, a total of 18.5 such interviews occurred in the average case. Nearly two-thirds of the interviews (62%) took place in the family home, with 23% held in the agency office, and 15% elsewhere. Although agency patterns varied widely on the use of home visits (from a low of 18% of all interviews to a high of 80%), reaching out to the parents in the home was the predominant pattern in most agencies.

The interviews averaged slightly longer than an hour in length. Again, agencies varied somewhat in the length of interviews, ranging from an average of 50 to 80 minutes. The agencies at the two extremes were both voluntary agencies.

Of 16 possible topics of discussion listed on the Monthly Service Schedule, four emerged as the most important topic in the greatest number of cases and greatest number of interviews (Table 4.8). They were the parents' functioning in the parental role, the parent's own behavior and emotional adjustment, the child's functioning within the family, and the child's behavior or emotional adjustment.

Other aspects of parental functioning--marital, employment, household and financial management, physical health, social functioning in the community--were occasionally reported as the most important topic discussed, but this occurred in about a third of the cases or less. The same holds true of other areas of the child's functioning, the environmental situation, and use of community resources. All of these matters were discussed, and discussed on more than one occasion, but parental role performance and parental behavior and emotional adjustment were clearly regarded by the caseworkers as the crucial areas. It is of interest that these emerged as the two most important subjects of

discussion in casework interviews in an earlier study of service to the natural families of children in danger of placement.[1]

Table 4.8

Most Important Topic of Discussion
in Interviews With Adult Family Members

Topic	Percentage of Cases (Total N=357)	
	Ever the Most Important Topic	Most Important Topic in Five or More Interviews
Parental functioning	79%	33%
Parent's behavior/emotional adjustment	64	21
Child's family functioning	61	24
Child's behavior/emotional adjustment	50	10
Financial management	37	4
Use of community resources	36	5
Child's school functioning	35	6
Household management	35	5
Environmental situation	34	4
Parent's physical health	29	3
Marital functioning	27	6
Child's physical functioning	25	1
Parent's social functioning in community	19	0
Parent's employment functioning	18	1
Child's social functioning in community	8	0
Other	33	4

Another aspect of the caseworkers' personal interviews with adult family members that was examined was the worker's predominant role in the interview. Giving advice and guidance and providing emotional support or

1. Edmund A. Sherman et al., Service to Children in Their Own Homes. New York: Child Welfare League of America, 1973, page 56.

reassurance were the two roles noted as predominant in the greatest number of cases and the greatest number of interviews (Table 4.9). Seeking information was the predominant role for a few interviews in most cases, but did not persist. Promoting the client's understanding was the predominant role for at least one interview in more than three-fourths of the cases. Arranging other services was the predominant role at least once for over half the cases but, like the relatively infrequent discussion of community resources (Table 4.8), was apparently seen as subordinate to other roles.

Table 4.9

Predominant Worker Role During Interview

Worker Role	Percentage of Cases	
	Ever Predominant	Predominant in Five or More Interviews
Advice, guidance, direction	89%	49%
Emotional support, reassurance	89	47
Seeking information	86	23
Promoting client's understanding	77	28
Arranging for other services	56	8

The core service in nearly all of these cases was family casework, the success of which is dependent not only on the skill, energy and imagination of the workers, but on the interpersonal relationship of worker and client. The caseworkers were, therefore, asked each month to describe the principal client's feelings about the worker as perceived by the latter. For this purpose, the principal client was defined as the parent or surrogate parent who was the chief caretaker of the children. The mother was the principal client in 92% of the cases; the father, in 4%; and another person, in 4%.

The client's feelings were to be scored on each of six relationship components from 1, which denoted very negative feelings, to 5 for very positive feelings. The average rating obtained on each item was as follows:

Relationship Component	Mean Rating
Liked by worker	3.8
Understood by worker	3.6
Free to talk to worker	3.6
Helped in practical ways by worker	3.6
Helped emotionally	3.6
Trusts worker	3.4
OVERALL	3.6

Relatively few ratings fell below 3 on any dimension. On each of the items the mean was more positive than the middle position on the scale (3). The score was most positive with respect to the feeling of being well liked by the worker and least positive on trusting the worker, but the range between the items is obviously small.

These relationship items were highly intercorrelated. They also have high positive correlations with other service factors such as number and length of interviews and number of months of service. We stress here that we do not know what the clients would say about any of these relationship items, since they were not asked. The frequency of the predominance of the worker role of giving advice, guidance and direction had the highest correlation of any of the worker's roles with a positive overall worker-client relationship (r=.39). The role of providing emotional support had the next highest association (r=.30), arranging other services was next (r=.23), followed by promoting the client's understanding (r=.18). Only the worker role of seeking information had no association with the worker-client relationship.

For many of the items discussed in this section, such as the worker role, worker-client relationship, and most important topic discussed, the data derive from the opinions of over 40 workers on items with undefined and overlapping categories. This information must be regarded as impressionistic.

Phasing of Events and Services in Experimental Cases

The voluminous data from the Monthly Service Schedules were summarized by quarters (3-month intervals) throughout the life of the case. Cases that entered the project early in the intake phase could have had four quarters of service; all cases had the possibility of at least two quarters (6 months) of service. The first 3 months (or any part thereof) of service on a case was considered the first quarter for that case regardless of when the case entered the project. Quarterly data are available on 357 of the 373 experimental cases; the 16 missing cases are those that closed without any service having been rendered by the demonstration staff. The first quarter has information on 357 cases; thereafter the number drops, reflecting both the slow buildup of cases in the project, and case closings.

The phasing of events, services and conditions by quarters is summarized in Table 4.10.

Table 4.10

Phasing of Events and Services by Quarters

Events and Services	1st Qtr. (N=357)	2nd Qtr. (N=347)	3rd Qtr. (N=286)	4th Qtr. (N=127)
Number of interviews with family members (medians)	6.8	7.3	4.9	4.6
	Percentage of Cases			
Selected Events				
Child discharged	18%	9%	7%	8%
Child placed	8	4	5	6
15 or more contacts held with collaterals	32	35	25	17
Moderate or substantial progress achieved	27	41	36	39
Most significant service				
None	30	24	29	26
Counseling	44	48	47	46
Financial or housing help	10	8	4	6
Medical or psychiatric	5	8	9	7
Day care or homemaker service	5	6	5	3
Placement	1	1	0	2
Other	5	5	6	10
Barriers				
None	32	25	40	36
Unavailability of client	35	39	38	43
Limitations of client	10	9	5	6
Inadequate money or housing	11	13	8	4
Inadequacy of service	7	7	5	5
Unavailability of worker	3	5	3	5
Other	2	2	1	1
Most frequent worker role				
Advice, guidance	32	29	30	28
Emotional support, reassurance	24	32	22	30
Seeking information	18	8	13	11
Promoting client understanding	18	21	27	21
Arranging other services	8	10	8	10
Cases with highest possible rating for each relationship component				
Client feels:				
liked by worker	14	23	28	24
free to talk	14	19	23	14
helped in practical ways	11	19	21	23
helped in emotional ways	11	18	22	20
understood by worker	10	19	24	18
trust for the worker	5	16	19	12

Characteristics of Demonstration Staff

There were 39 casework positions in the nine demonstration units, filled by 46 different persons throughout the course of the project. This turnover of seven, or 18%, during the year represents remarkable staff continuity in view of the uncertainty about the duration of project funding. (Demonstration workers in some agencies were guaranteed jobs after the project ended; in other agencies, not.) As a result of the relative stability of staffing, 84% of the cases had the same worker throughout the project.

The characteristics of the workers who held the 39 positions for most of the time and who completed the Outcome Schedules are given in Table 4.11.

Table 4.11

Characteristics of Demonstration Workers
(N=39)

Sex		**Years in social work**	
Female	87%	Less than 1 year	10%
Male	13	1 and under 3	18
		3 and under 5	39
Age		5 or more	33
Under 25	13%	**Areas of social work experience**[b]	
25 - 34	62		
35 - 44	15	Child welfare	74%
45 - 54	10	Psychiatric social work	33
		Public welfare	31
Race or ethnic group		Family agency	23
		Other	26
White	74%	None	1
Black	18		
Hispanic	8	**Previous affiliation with agency**	
Education		Yes	67%
		No	33
Master's degree	59%[a]		
Bachelor's degree	41		

a. All but two were M.S.W.s.
b. Workers had experience on the average in nearly two areas of social work; therefore the figures in this item add to more than 100%.

The supervisors of the nine demonstration units, who were also the directors of the projects in all but two agencies, were, as would be expected, older and more experienced. All were white, six were women, all but one had a master's degree, and five had been affiliated with the demonstration agency previously. They had previous experience in an average of 3 areas of social work. The areas were as follows:

Area	Number of Supervisors (N=9)
Psychiatric social work	7
Child welfare	6
Public welfare	5
Family agency	5
Other	5

At the end of the project year the project directors completed a 7-page questionnaire about their experience and recommendations in the provision of preventive services. Much of this information is presented later in this chapter, but their opinions on staffing are appropriate here. Regarding education, the project directors were evidently pleased with the staff they had; that is, those with workers with bachelor's degrees felt that degree was sufficient and those with master's level workers felt that a master's degree was desirable. The length of experience suggested ranged from none to at least 5 years. Opinions on type of experience generally included mention of work with both families and children. Others mentioned community work, advocacy, public welfare, and general life experience with a wide range of people. The directors had a great deal to say about the qualities and skills they would look for in a worker to work with families such as those in the project. Most frequently mentioned was flexibility--the ability to roll with the punches, not get discouraged, see things from a different perspective, try different ways, be persistent. Physical and emotional strength were mentioned, as were maturity, stability, calmness, good judgment, confidence in skills. Sensitivity, warmth, acceptance of others, and relationship skills were also cited again and again. And, finally, a commitment to and hopefulness about preventive services and working with natural families, a willingness to do extensive outreach, the ability to be active, to give advice, to be relied on in life decisions, were considered essential qualities. Although divided on the requisite education and years of experience, the directors were undivided in saying that the personal qualities of the workers were extremely important and that commitment, flexibility, warmth, maturity, and good judgment were needed.

There were also case aides in five of the demonstration units. They were used primarily for escort services, work with Income Maintenance, locating housing and other community resources, organizing tutoring programs, and some direct work with children. All of the project directors voiced hearty support for the use of case aides in providing intensive family service.

Distribution of Staff Time

Between mid-January and mid-February of 1975, the caseworkers and social work assistants were requested to complete time logs for 10 designated working days in order to provide information on the use of staff time in serving cases in the demonstration unit. It was thought that this information could be of use in planning preventive services on an ongoing basis. The period when the time study was conducted was selected as a time when operations could be considered relatively normal; that is, when suitability studies were no longer occupying substantial staff time, when staff had full caseloads, and before staff were preoccupied with the disposition of cases at the close of the demonstration. The time period selected may, however, have introduced several unanticipated distortions in the picture of staff use of time. Travel may be understated, since there was a tendency for office interviews to replace home visits as service continued and clients became more comfortable with and trusting of staff. Another activity that may be understated is work with collaterals. Again it was in the early phase of cases when staff were most heavily involved in working with other agencies and systems in the interests of client families. Not only was such advocacy effort likely to be reduced as service in individual cases progressed, but by the date of the time study certain shortcuts had been devised. Concerted efforts of the demonstration staff in the New York City agencies had led to the designation of liaison staff in the Department of Income Maintenance and Office of Community Services tc facilitate resolution of bureaucratic tangles in project cases.

The time study was spread over a 4-week period to avoid any effects of differing demands at different times of the month, but logs were required for only half the working days in this period in order to lessen the burden on staff, who already felt the press of paperwork. Daily logs were received from 37 caseworkers and five assistants for a total of 343 days. The difference between the days reported and 420 (42 workers x 10 days) is accounted for by the facts that some staff members did not work full-time and that days lost through illness or vacation were not included.

Activities were reported in 15-minute segments for all hours worked, including overtime. A total of 12,532 segments or 3133 hours were reported, for an average of 9.1 hours per day. Just under 2 hours (1.9) per day were shown as activities not related to job, such as lunch, coffee breaks, personal calls, union activity. Thus the staff reported actual work for 7.2 hours per day.

In instructions to workers, the activity categories were defined as follows:

1. Work with clients--in person or by phone. All time spent talking with or being with adults or children in your caseload, whether individually or in groups, for any purpose, must be coded in this

category. If simultaneously engaged in one of the other activities, code both. (Writing letters to clients is not coded here, but under 4.)

2. Performing practical services for clients. Such as looking for an apartment, shopping, taking child to clinic, completing forms, etc. Code 1 as well, if done with the client.

3. Work with collaterals or collaborators--in person or by phone. These are persons having some relationship with a specific case who are not members of the client's immediate family or the demonstration project staff. Some will be from within your agency, e.g., foster parents or workers, homemakers, and others from outside, e.g., school, courts, public assistance, landlord, doctor, relative, friend. (Code any written work relating to collaterals under 4.)

4. Background work on cases. Include all other preparation or followup work done on a specific case, such as case planning and evaluation, review of records, letters to clients, preparation for and participation in supervision or consultation (including the preparation of any case materials for those purposes), discussions about cases with other project staff. (Recordings and summaries prepared for the files or accountability purposes should be coded under 5.)

5. Statistics, reports or recording done for files, research or accountability. Include reports done for own agency or CWLA, CWIS, BCW, SISS, etc., except for the recording and reports included in 4.

6. Travel. Exclude normal travel to and from work.

7. General administration. Work related to office routine and activities (e.g., reading mail, memos, clearing desk, preparing expense account), personnel and administrative matters.

8. Staff and professional participation and development. Attendance at staff meetings, outside conferences, reading professional literature, etc. (If focus is on a specific case of yours, code 4.)

9. Other.

10. Not job related. Lunch, coffee breaks, personal business or phone calls, chats.

The distribution of time, exclusive of not-job-related activities, is shown in Table 4.12. It will be noted that for both caseworkers and assistants the activities total to 106%. Only in the instance of work

with clients could more than one activity be coded within a single time segment; thus 6% of total time was spent in contact with clients plus another activity, which could be practical service, work with collaterals or travel.

Table 4.12

Distribution of Caseworkers' and Assistants' Time
Among Job-Related Activities for 10 Selected Days

Activity	Percentage of Time	
	Caseworkers	Assistants
Work with clients	36%	26%
Performing practical services	2	8
Work with collaterals/collaborators	14	7
Background work on cases	14	15
Statistics, reports, etc.	11	11
Travel	16	24
General administration	6	7
Staff professional participation and development	6	7
Other	1	1
Total	106	106

The largest proportion of time was spent in work with clients--36% for caseworkers and 26% for assistants. Travel was the next largest item, appropriately much higher for assistants than caseworkers. The wide geographic scatter of project caseloads contributes to these high figures for travel, but relatively high travel costs are to be expected in any program that involves active reaching out to clients. Work with collaterals and collaborators vied with background work on cases (including case recording as well as planning and supervision) for third place in caseworkers' schedules, while assistants devoted comparable time to background work but relatively little to work with collaterals. Statistics and research reports absorbed 11% of time, a figure that is probably inflated by the demands of a research project. The time spent on performing practical services like shopping and apartment hunting proved very small for the caseworkers, but absorbed a significant amount of the time of the assistants.

There was, of course, considerable interagency variation in the distribution of caseworker time. Work with clients ranged from 28% to 47%, travel varied from 6% to 30%, and work with collaterals ranged from 4% to 25%. The extremes, in each instance, were voluntary agencies. The two public departments tended to be relatively similar in their time distribution and fairly close to the overall figures given in Table 4.12.

Observations of Project Directors

The statistical picture of services derived from Monthly Service Schedule and the Time Study was enriched by the comments of the project directors in response to a questionnaire sent to them at the close of the project year. Asked what in their opinions were the most important services provided by or through their demonstration units, they stressed intensive supportive casework counseling, the outreach approach of staff, the advocacy or social brokerage role of staff, the coordination of services, and the availability of such practical services as day care and homemaker service. The sense of the various responses is nicely reflected in the reply of one director: "It is the philosophy and style of service that seems to me most important, rather than any one or combination of services. Important elements are outreach, flexibility, the quick availability and personal delivery of a range of services coordinated by one caseworker who also gives direct counseling."

Among the major problems in working with project cases, the directors cited such practical factors as the time limits of the project, the large geographic area in which the individual caseworker operated, and the problems in New York City at least of working with the income maintenance, housing and other systems. They also stressed the psychological pressures of the clients' severe and multiple deprivations, the persistent outreach effort required to counteract client apathy and sense of defeat, and the need for a more active and authoritative role than is customary for caseworkers.

Project staff found families responsive to their approach. The directors commented on the importance to clients of having a concerned person consistently available. They felt that the caseworkers' acceptance, concern and expression of confidence increased the clients' self-esteem and sense of capacity to deal with problems. Initially resistant parents were impressed by and responded to staff who became involved in their life situations and attempted to provide needed services or to overcome the obstacles to the provision of services through intervening with other agencies and organizations.

To illustrate the meaning of the project to the clients, the directors furnished the research staff with letters some of the clients had written when they learned the project was to end. The following are excepts from a letter a young mother wrote to the demonstration agency:

> I'm writing this letter for all the mothers or fathers who have children placed in foster care. And if you are yourself a parent, then for the love of children when you hear my plea.
>
> My children were placed in foster care by me, for the simple reason, I had no one to keep them. I love my children very much and want them home. . . . (name of previous worker) was my children's and my social worker, she was very nice, but,

> you see. . . between my children's visits and other parents and their children's visits there was not very much time to really discuss things with her or to see her. When I needed her, she was unavailable and that discouraged me to the point that in 2 years nothing was done for me and my children because she could not work with my children, the foster parents and me and do a good job. . . . My point is since the (name of agency) has changed the system I have hope now, because (demonstration worker) has given me the hope and courage to go on and has helped me with the visits that we have. I had given up before on ever getting my children back or ever seeing them again. . . . Please leave things like they are for the mother's and children's sake of your center.

Another mother in writing to Senator Joseph Pisani, sponsor of the original project legislation, said of the demonstration unit:

> This unit provides special social workers to help keep families together, rather than send children from one foster home to another.
>
> This program has been very helpful to single parents like myself, that have no other family to help them in time of sickness. I have been sick several times when hospitalization was required. Without this unit, my children would have had to be placed in foster care again. This would have done great damage to my children and me mentally.

The directors felt that in some cases the project provided too little too late, they emphasized the importance of early intervention and greater investment in service to natural families before problems reach the stage when separation of child from family is considered. They felt that such service should be readily accessible, offered on a decentralized basis, and not necessarily tied to foster care service.

Variations in Project Operations

Beyond the requirements of being able to provide or arrange for the five services mandated by the law establishing the demonstrations and keeping caseloads to a maximum of 10 families, the demonstration agencies were free to set up their intensive service units in any way they chose. There was considerable variation among the agencies. Some, for instance, had the demonstration worker handle the entire case of a child in foster care, while others kept the regular foster care worker on the case with the demonstration worker concentrating on work with the natural family. Some agencies used the home interview almost exclusively, others rarely. Some made extensive use of day care and homemaker services, other did not. Some were heavily involved in work with schools. Some used a great deal of psychiatric consultation. Staff patterns differed greatly,

not only in the training and experience of the caseworkers, but in reliance on full-time or part-time personnel, and in use of social work assistants to supplement the efforts of the caseworker.

This project was not designed with the intent or the capability of testing the various service patterns that emerged in the participating agencies, so we cannot evaluate the efficacy of one pattern versus another. We would like, however, to record at least briefly the experience of two agencies that tried different methods. Only one agency was able to establish and effectively sustain a mother's group during the project though many of the agencies were interested in doing so. The agency that did try it found it very helpful in overcoming some of the isolation, depression, and apathy of many of the mothers.

Another agency experimented with an entirely different approach to the families. In the limited office space available they chose an open floor plan with only one private office. The area was called "The Family Center" and served as a waiting room, playroom, meeting room, interviewing room (except for the few interviews that required privacy), and lunch room. Clients came to know all of the project staff and each other in the Family Center. Initially, home interviews were used extensively, but, as mothers became more involved with the worker and the agency, the worker increasingly encouraged the mothers to come to the Center by having them picked up at home or paying for cab fare. The concept was to create a nurturing, supportive and helpful extended family at the Center for the many depressed, isolated, overwhelmed, poorly functioning mothers in the project. This agency felt the "Family Center" idea worked very well.

Chapter 5

OUTCOMES OF SERVICE

The intensive service provided to cases in the experimental group was effective in reducing the number of children placed and the duration of placement without detriment to the well-being of the children and their families. Before documenting this generalization, we discuss briefly the nature and completeness of the outcome data and the plan for their presentation.

Nature of Outcome Data and Plan of Presentation

Several indicators of the outcomes of service were obtained on all study cases. Most of the indicators focused on the individual children, while a few had a family focus; and most were based on judgments of the case-workers, such as the global assessment of the extent to which goals had been attained, though two items--the whereabouts of children at various points in time and the number of days each child spent in placement--were matters of fact.

Fairly complete outcome information is available on 356 of the 373 experimental cases (95%). Minimal outcome information is available for 16 experimental cases because they received no service from the demonstration units. Some of the 16 families refused the service; some preferred to stay with the agency worker they already had; some moved out of the locality. No outcome data were collected on these 16 cases except the whereabouts of the study children at significant times and the number of days the study children spent in placement during the project. One additional experimental case was dropped from the entire outcome analysis because the child died of crib death.

All of the 176 control cases are included in the outcome analysis, but the information is somewhat limited on 32 New York City control cases that did not receive service during the project from SSC or a private child welfare agency, either because the cases were closed or never opened, or the children were awaiting long-term placement. A brief Outcome Schedule was designed for these cases. Beyond these limitations, the figures also vary somewhat from item to item because the unknowns are omitted unless otherwise noted.

As described in Chapter 2, different Outcome Schedules were used for the experimental and control cases, since the control schedule also

covered the service history on the case during the life of the project. The same outcome measures were obtained, however, on both forms, with the exception of a few items pertinent only to the experimental cases.

The major question regarding outcomes is: How did the separate groups, experimental and control, fare during the course of the project?[1] Also: On what outcome measures were there statistically significant differences between the experimental and control groups? In some instances the experimental and control differences were significant only within certain subgroups in the sample. Outcomes were, therefore, routinely analyzed by four important subgroups: NYC Preventive, NYC Rehabilitative, Upstate Preventive, and Upstate Rehabilitative.[2] The subgroup analysis also revealed interesting differences among the subgroups in various combinations, such as Preventive versus Rehabilitative cases, New York City versus Upstate cases, or, at a finer level of comparison, New York City versus Upstate control cases. These findings are cited when they seem pertinent. The outcome findings regarding the 991 individual children (662 in the experimental group and 329 in the control group) are presented first in the chapter, followed by those relevant to the family as a whole.

A large majority of the study cases (76% of the experimental and 82% of the control) were still open at the end of the evaluation period of the project. On the 121 cases that were closed (or transferred out of a demonstration unit) before the cutoff date for data collection, the Outcome Schedule was completed at the point of closing, and no later data were collected except on the subsequent whereabouts of the study children and days in placement.

Whereabouts of the Children

From the time of admission to the end of the project, 52% of the experimental group children and 60% of the control group children spent some time in foster care. The difference between these two proportions is modest but statistically significant.

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1. In Chapter 6 we analyze the factors associated with good and poor outcomes in the experimental cases.

2. As has been true throughout the report, "Upstate" (or "UPS") refers to the public DSS in Westchester and Monroe counties and "NYC" refers to the seven New York City private agencies. Upstate and NYC, then, differ not only in location and type of case (see Chapter 3), but also in public versus private auspices. It is not possible to sort out the influence of auspices versus location in these data.

A significantly greater proportion of experimental group children than of control group children were home at the end of the project (Table 5.1). More of the experimental group children were home in three of the four subgroups, the one exception being the New York City Rehabilitative cases. The experimental-control differences were significant for only two of the subgroups--the New York City and Upstate Preventive groups. Although a much greater proportion of experimental group children than of control group children were home at the end of the project in the Upstate Rehabilitative sample, the difference does not achieve statistical significance because of the small number of children in the subgroup. This failure to achieve significance of a marked experimental-control difference in the Upstate Rehabilitative group was repeated several times in the outcome data.

Table 5.1

Whereabouts of Children at End of Project

Study Group	Percentage Distribution						p
	Experimental			Control			
	No.	At Home	In FC	No.	At Home	In FC	
Total	662	72%	28%	329	61%	39%	< .001
NYC Preventive	308	77	23	138	58	42	< .001
Rehabilitative	149	38	62	73	41	59	NS
UPS Preventive	149	97	3	82	89	11	< .05
Rehabilitative	56	70	30	36	47	53	NS

Significantly more children in the experimental group remained at home.[3] By the end of the project, 93% of the experimental group children who were home at the time of assignment were still at home; 7% had entered foster care. Of the children in the control group, 82% of those at home initially were still at home, and 18% had entered foster care (Table 5.2). The only one of the four subgroups for which there was a significant difference between the experimental and control groups was the NYC Preventive group (90% versus 75%). It is noteworthy that none of the children in the NYC Rehabilitative group who were at home at time

3. Here, and for the remainder of the report, "children at home" includes children living with relatives, friends, or in an adoptive home and a few (four or five) otherwise not in foster care (e.g., in a hospital or a state school).

of assignment was returned to foster care, whether in the experimental or the control group. Also noteworthy is the small number of children in the Upstate Preventive group at home initially who entered foster care.

Table 5.2

Children at Home Initially
Who Were Still at Home at End of the Project

Study Group	Experimental			Control			p
	No. Home Initially	Home at End[a] No.	%	No. Home Initially	Home at End[a] No.	%	
Total	356	331	93	169	139	82	< .001
NYC Preventive	174	156	90	68	51	75	< .01
Rehabilitative	18	18	100	6	6	100	NS
UPS Preventive	143	139	97	81	73	90	NS
Rehabilitative	21	18	86	14	9	64	NS

a. A few of the children included here entered foster care but returned home before the end of the project.

Of the children in foster care at the time of assignment, 47% of the experimental group children had gone home by the time of the outcome evaluation, while 53% were still in foster care, as compared with 38% of the control group children who had gone home and 62% who had remained in placement (Table 5.3). Again the only significant experimental-control difference in the four subgroups occurs in the NYC Preventive group. The difference between the experimental group and the control group in the Upstate Rehabilitative subsample is marked, but the number of cases is too small for the difference to be significant.

Comparison of Table 5.2 and 5.3 makes it clear that both the special services to the experimental group and the regular services to the control group were much more successful in keeping children home than in returning them home. The greater effectiveness of service in preventing than in terminating foster care also holds for both locations.

A large majority of the children at home at assignment in both the experimental and control groups were still at home at the end of the project (93% and 82%). This finding for the control group was a surprise, since all of the children found suitable for the project were considered to be at risk of placement either immediately or within

6 months of the time of assignment if they did not receive the intensive service. In the Preventive control group, only one in four New York City children entered placement and only one in 10 of the upstate children. (A further analysis of the study children in the Preventive control group who did not enter placement during the project appears later in the chapter.) None of the six children in the New York City Rehabilitative control group who were at home initially reentered placement. The largest rate of entry into placement was for the small Upstate Rehabilitative control group at home initially, with five of 14 children reentering care.

Table 5.3

Children in Foster Care Initially
Who Were at Home at End of the Project

Study Group	Experimental			Control			p
	No. in FC Initially	Home at End[a] No.	%	No. in FC Initially	Home at End[a] No.	%	
Total	306	144	47	160	61	38	NS
NYC Preventive	134	80	59	70	29	41	< .05
Rehabilitative	131	38	29	67	24	36	NS
UPS Preventive	6	5	83	1	0	b	NS
Rehabilitative	35	21	60	22	8	36	NS

a. A few children went home but returned to foster care before the end of the project. They are not included here.
b. Number too small to calculate percentage.

The apparently greater success of the demonstration in New York City than Upstate is partly a consequence of the larger numbers involved in New York City (668 versus 323 study children), which makes it easier for differences to achieve statistical significance. It is also influenced by the fact that relatively few upstate children enter foster care even in the absence of this special program. Of the New York City study children 65% were in placement initially or entered care during the project, in contrast to only 26% of the upstate study children. There was therefore less room for difference between experimental and control groups upstate.

Table 5.4 portrays the whereabouts of the children at assignment and at the end of the project for all cases. The difference between Table 5.4 and Tables 5.2 and 5.3 is that the percentages in 5.2 and 5.3 are

based only on those children at home or those in placement at assignment, whereas in Table 5.4 the percentages are based on all children in the particular subgroup; for instance, the 331 experimental group children who were always home represent 93% of the experimental group children who started out at home, but only 50% of the total sample of experimental group children.

Table 5.4

Whereabouts of Study Children
at Beginning and End of Study Period

Study Group	Total Number	Percentage Distribution[a]			
		Home at Beginning		Placement at Beginning	
		Home at End	Placement at End	Placement at End	Home at End
		(1)	(2)	(3)	(4)
Total					
Experimental	662	50%	4%	24%	22%
Control	329	42	9	30	19
NYC Preventive					
Experimental	308	51	6	17	26
Control	138	37	12	30	21
NYC Rehabilitative					
Experimental	149	12	0	62	26
Control	73	8	0	59	33
UPS Preventive					
Experimental	149	93	3	1	3
Control	82	89	10	1	0
UPS Rehabilitative					
Experimental	56	32	5	25	38
Control	36	25	14	39	22

a. Percentages add across in each row to 100%.

All but four of the 20 experimental-control group comparisons in Table 5.4 favor the experimental group; that is, in every cell but four a greater proportion of experimental children stayed home or returned home and a greater proportion of control children stayed in placement or entered placement. The differences are most marked for the New York City Preventive and Upstate Rehabilitative groups. Only in the NYC

Rehabilitative group do the figures actually favor the controls. From Table 5.4 it is also apparent how few of the Upstate Preventive group children, whether experimental or control, spent any time in placement.

By combining the percentages in various columns in Table 5.4 it is possible to come up with many meaningful figures, e.g., the percentage home at the beginning of the project (columns 1 and 2) or the end (columns 1 and 4), or the percentage making a change during the project (columns 2 and 4) versus those not making a change (columns 1 and 3). By following the latter suggestion it can be seen that 74% of the experimental children and 72% of the control children were in the same location at the beginning and end of the project. (About 7% of each group had experienced a change in whereabouts but by project end were in their original location.) The predominant tendency in all of the groups is for the children to stay where they are--at least during the fairly brief period covered by the project. The least movement was found among the Upstate Preventive group children, who overwhelmingly tended to stay home, and the most movement was among the Upstate Rehabilitative group children, who tended to go home. A second tendency is for the movement that does occur to be in the direction of going home. The differences between the experimental and the control groups are matters of degree not direction: more of the experimental group children who were home stayed home and more of those that were in placement came home.

Days in Foster Care

What do all of these percentages mean in terms of the actual amount of time in foster care? The average number of days in placement from assignment to the end of the project was 94 for study children in the experimental groups, and 118 for those in the control group. This difference of 24 days would not be expected to occur by chance more often than once in 100 times, and it is clearly of practical significance in view of the costs of a day of care and the number of children in the foster care system. But, children entered the project at different dates and therefore had varying "exposure" periods--days when they might have been in foster care during the period studied. Could variations in exposure time, or potential days in care, contribute to this difference? The answer is an unequivocal "no." The potential days in placement during the project, called "project days," were similar for the experimental and control groups--an average of 270 and 273, respectively. Thus, children in the experimental group spent, on the average, 35% of their project days in foster care (94 ÷ 270), as compared with 43% for the control group (118 ÷ 273). The difference between these two proportions is also statistically significant.

Table 5.5 presents the percentage of project days that children actually spent in care in the various subgroups, as well as in the overall experimental-control samples.

Table 5.5

Percentage of Project Days Spent in Placement[a]

Study Group	Experimental	Control	p
Total	35%	43%	< .01
NYC Preventive	29	47	< .001
Rehabilitative	73	70	NS
UPS Preventive	4	5	NS
Rehabilitative	35	49	NS

a. These figures were obtained by adding all of the days each child in the given subgroup spent in placement during the project and dividing by the total number of days the same children were in the project.

Once again the New York City Preventive group is the only subgroup in which the experimental-control difference achieved statistical significance, though again the difference in the Upstate Rehabilitative group is also marked. The children in the New York City Rehabilitative group spent nearly 3 out of 4 project days in care whether they were in the experimental or the control group. The Upstate Preventive group children spent only about 1 out of 20 of their project days in care regardless of the group to which they were assigned.

Desirability of Whereabouts at Time of Evaluation

Whereabouts and days in care, although vital factors, are not sufficient measures of the efficacy of a program to prevent or shorten foster care placement. They do not take account of whether the location of the child at the end of the project was appropriate to the needs of the child or the family. For instance, a child might be at home only because his or her parents refused to make the placement or because no suitable placement was available.

The workers were asked to evaluate the desirability of the child's whereabouts at the time of completing the Outcome Schedule. The worker could respond that the whereabouts was desirable as the long-range plan for the child or as the temporary plan, or not desirable as either a long-range or temporary plan. The results are given in Table 5.6.

Table 5.6

Desirability and Type of Whereabouts
at Time of Evaluation

Desirability of Whereabouts	Whereabouts at Time of Evaluation			
	Experimental		Control	
	At home (N=448)	In FC (N=171)	At home (N=198)	In FC (N=129)
Desirable long-range	91%	12%	74%	22%
Desirable temporary	5	83	8	74
Not desirable for either long-range or temporary	4	5	13	3
Uncertain	0	0	5	1

The children in the experimental group are favored over the control group children once again in these findings. Not only are they more frequently at home, but when they are home it is more frequently considered the desirable long-range plan (91% versus 74%) and less frequently, an undesirable plan (4% versus 13%). Foster care is the desired long-range plan for more of the control than of the experimental group children who were in foster care at the time of the evaluation (22% versus 12%). All of the differences mentioned are statistically significant. These figures suggest that foster care workers may view foster care as the desirable long-range plan in cases where workers with a preventive orientation and the resources might work toward the children's return home or their adoption. It is also noteworthy that foster care was considered desirable on a long-range basis for 12% of the experimental group children in foster care, despite the program of intensive services to the family. In general, in both groups, as one would expect, foster care is considered desirable on a temporary basis and being at home as desirable on a long-range basis.

Workers were confident to a high or moderate degree that the desired long-range plan could be maintained for all but about 5% of the children in both the experimental and control groups. Of course, as we have seen, that desired long-range plan was foster care more frequently for the control group children than for the experimental.

Where the desired permanent location had not yet been achieved, the workers on the experimental cases were much more optimistic about the chances of achieving that plan within 6 months than were the workers on control cases (51% versus 24%).

Some of the optimism of the demonstration workers about the maintenance or achievement of the desired plan was based on the continued availability of the intensive service. They regarded this as essential for

41% of the children and desirable for another 37%. (There was no comparable question on the Outcome Schedule for control cases.)

The Children's Functioning

Data on change in children's functioning are available on 614 of the experimental group children and 266 of the control group children. The children in the experimental group were reported on the Outcome Schedule as having had, on the average, problems in 2.4 areas of functioning, as compared with 2.1 for the control group children. If a problem was reported as present for a child in the experimental group, it was almost always a focus of service (94%), but the figure was only a little lower for the control group (89%). In both groups, problems in behavior and emotional adjustment, family functioning and school functioning were much more frequent than problems in intellectual functioning, physical health or social functioning in the community (Table 5.7).

Table 5.7

Changes in Children's Functioning During Project

Problem Area	Total Number		Percentage of Evaluations					
			Better		Same		Worse	
	Exp.	Con.	Exp.	Con.	Exp.	Con.	Exp.	Con.
Behavior/emotional adjustment	378	152	64%	55%	32%	33%	4%	12%
Family functioning	350	114	68	53	26	29	6	18
School functioning	262	97	61	55	29	31	10	14
Intellectual functioning	161	62	50	40	46	45	4	15
Physical health	161	47	74	70	23	15	3	15
Social functioning in community	133	63	42	40	49	41	9	19
Total problems	1445	535	62	52	32	33	6	15

Some improvement was reported on a majority of the problems in both groups, but the proportion of problems in functioning showing improvement was significantly higher for the experimental group children (62% versus 52%), and the proportion that became worse, significantly lower (6% versus 15%). A third of the functioning problems in both groups of children showed no change for better or worse. This overall finding of greater positive and less negative change in the functioning of

children in the experimental group is the reflection of more "better" ratings and fewer "worse" ratings in every problem area.

For the subgroup analysis of the change in children's functioning an index was developed that took account of the number of problems presented and the number on which positive and negative change was reported. For each of the four subgroups--New York City Preventive, New York City Rehabilitative, Upstate Preventive and Upstate Rehabilitative--the experimental group had a more positive average change rating than its control group counterpart. Only for the Upstate Preventive group, however, was the difference large enough to be statistically significant, given the numbers in the subgroups. This is the first evaluation area discussed in which the findings for the experimental children in the Upstate Preventive group were more favorable than for the control children to a significant degree. This finding does not negate the greater success of the experimental program in effecting change in the problems of the children in the total sample, but pinpoints the subgroup where the success was most marked.

Well-Being of Children

The scale of Child's Total Well-Being developed by Weinstein was adapted for inclusion on the Outcome Schedule.[4] The question underlying Weinstein's scale is: To what extent does this child have the physical, intellectual, emotional and social ability and resources to weather his or her life situations?

About one-fifth of the experimental children and one-sixth of the control children were thought to be above average in their well-being at the time of the outcome evaluations (Table 5.8). A higher proportion of both groups (nearly a third) were thought to be below average in well-being. The majority in both groups were considered average in well-being. This is obviously a group of children who have already felt the effects of instability and family problems, and, in many cases, who have become the focus of contention in their families. More surprising than that a third of the children are below average in well-being is that more than two-thirds were considered average or above.

There was remarkable consistency in the well-being of the children between the experimental and control groups, both for the total samples and for the subgroups. In only one subgroup, New York City Rehabilitative, were the experimental children rated significantly above the control children--a surprising finding in that this is the subgroup usually noted as showing the least effect of the demonstration services.

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4. Eugene Weinstein, The Self-Image of the Foster Child. New York: Russell Sage Foundation, 1960.

Table 5.8

Current Well-Being of Children
at Time of Outcome Evaluation

Study Group	Percentage Distribution: Experimental (N=615) Above Aver.	Aver.	Below Aver.	Control (N=322) Above Aver.	Aver.	Below Aver.	p
Total	19%	52%	29%	16%	51%	33%	NS
NYC Preventive	20	46	34	21	53	26	NS
Rehabilitative	30	56	14	23	48	29	< .05
UPS Preventive	7	55	38	7	43	50	NS
Rehabilitative	9	65	26	8	64	28	NS

Although the difference in well-being between the children in the experimental and control groups is not startling, the experimental children are favored slightly. Thus, keeping more of the experimental children at home and returning others home earlier than would otherwise have been expected was not accomplished at the cost of the children's well-being, as judged by the caseworkers.

One other noteworthy element in the well-being figures is the much better ratings of the New York City children than of the upstate children in both the experimental and the control groups. Whether this finding reflects difference in expectations on the part of the workers in the two locations, difference in knowledge of the children, or actual difference in their well-being cannot be determined from the data.

In response to another question about well-being, over half of both the experimental children (57%) and the control children (55%) were considered to have improved in their well-being during the project. A small number of children experienced deterioration in their well-being during the project (4% of the experimental children and 8% of the control children). Although the differences between the experimental and control groups on this item did not achieve statistical significance, they did favor slightly the experimental group.

Finally, with respect to well-being, the worker was asked whether the child's present environment had a positive or negative effect on his or her well-being or a balance between the two. The present environment was considered to have a positive effect on the well-being of about half the children in both groups (49% experimental versus 52% control) and had a negative effect on 14% of the experimental group children and

18% of the control group children. Although the differences between the groups were not significant, the control group had slightly more children at the two extremes.

We do not give further detail on these three well-being items, because inconsistencies among them in the four subgroups raise some question about the way they were interpreted. For example, as shown in Table 5.8 it was the New York City Rehabilitative group that had the most marked difference in current well-being in favor of the experimental group, but data for this same subgroup on change in well-being favors the control group. Although it is theoretically possible that one group could experience more positive change than another, yet still not achieve as high a level of well-being, it is unlikely here in view of the initial similarity of the experimental and control group children. Suffice it to say that responses to the three questions on the child's well-being give no indication that reduction of time in placement for the experimental group was accomplished at any cost to the well-being of the children.

To sum up the outcome data for the children, the experimental group children differed from those in the control group in several respects: more who were at home initially remained there and more of those in placement returned home, so that the average time in placement was appreciably shorter; being home was more often considered the desired permanent plan for the children in the experimental group; where the desired permanent plan had not yet been achieved, the experimental workers were more optimistic that it would be achieved in a short time; more experimental children showed improvement in each area of functioning; and the overall well-being of the children appeared to be slightly better or at least as good as that of the control children.

A Comment on Cases of Special Interest

Further analysis was made of three kinds of cases: control group children who remained at home; children at home at the end of the project whose whereabouts was considered undesirable; and children in foster care for whom this was deemed the desirable long-range plan.

Because all of the children selected for the project were considered at risk of placement in the absence of the intensive services, it was surprising to learn that 40% of the control group children (133 out of 329) did not enter placement during the life of the project. That this large group ran counter to the expectations of the screening workers for the project raises questions: Were the situations not so severe for these families as had initially been thought? Did the passage of time alleviate the situation? Did these families receive a lot of service during the project even though they were not in the demonstration? Were they forgotten by the child welfare system? Were things simply dormant for a while?

A special analysis of these cases was undertaken to answer at least some of these questions. The analysis was focused on the children in the Preventive control group, since they accounted for most of those remaining at home (118 out of 133) and since this was the more perplexing group. Where pertinent, their outcomes were compared with the outcomes for children in the Preventive control cases who did spend some time in placement during the project.

The workers completing the Outcome Schedules felt that about 28% of the control group children who were always home should have been in placement during the project year. More than half of those children were not in placement because the parents refused foster care; for the remainder, either the appropriate placement was not available or there were other reasons why placement could not be accomplished.

Even though the workers considered home the desirable location for about 72% of the children in the Preventive control group who did remain at home, they evaluated their well-being considerably below that of children who had spent time in placement during the project. Of the Preventive control group children, the well-being of 45% of those always at home was rated below average, as compared with 23% of those who spent some time in foster care. The effect of the current environment on the child's well-being was judged negative for 35% of the former, but only 7% of the latter. And well-being had improved during the project for 42% of those always at home, in contrast to 72% of those who were not always at home.

Obviously, for the Preventive Control group children being at home was often a reflection of feasibility rather than desirability, and often not conducive to the child's well-being.

Two other types of cases of special interest are those that deviated from the usual pattern of association of the child's whereabouts at the end of the project and the desirability of that whereabouts (see Table 5.6). The usual pattern was that being at home was considered the desirable long-range plan and being in foster care was not considered the desirable long-range plan. The two deviant groups, then, were those where children were home at the end of the project but it was not considered the desired long-range plan, and those where the children were in foster care and it was considered the desired long-range plan.

The first group comprised 83 children who were home at the end of the project where home was not considered the desired plan. This group overlaps somewhat with the Preventive control group children who never entered placement but includes children in the experimental as well as the control group and those in the Rehabilitative as well as the Preventive group. All outcome measures for this special group of cases, except of course days in placement, were very unfavorable. In fact, this group of children had the poorest outcomes of any classification

of children looked at in the project. Two-thirds of the children were rated as below average in well-being and as having an environment with a negative effect on well-being. Very few had improved in well-being. The children had a great many problems at the end of the project, and the cases were rated low on achievement of service goals. On each of these measures, the children whose location at home was considered undesirable differed significantly from those whose location at home was the desired plan.

Finally, there were 50 children in the entire sample who were in foster care and for whom this was regarded as the desirable permanent plan. Twice as many of these children were rated below average in well-being compared with children in foster care where this was not the desired permanent plan. On other outcome measures, the two groups did not differ markedly. They did differ significantly, however, in other respects. The children for whom permanent foster care was considered desirable were older; they presented more problems initially; and their functioning was more often a factor in placement. They had more frequently experienced a previous placement, had been in placement longer at the time of assignment to the project, and were less positive about the idea of returning to or remaining with their families, as were their mothers. Thus, it was the more disturbed, older child for whom foster care seemed the best long-range plan.

Parents' Functioning

As in the case of each child, the caseworker was asked on the Outcome Schedule to indicate whether each of several areas of functioning had presented a problem during the study period, whether the problem had been a focus of service, and whether there had been any change in the problem. These data are available for the mother (or principal care-taking person, if different) in 352 experimental and 137 control cases.

The average number of problem areas reported on the Outcome Schedules was slightly higher for the mothers in the experimental group--5.2 versus 5.0 out of 10 areas listed. A larger difference might have been anticipated because of the greater information the demonstration workers obtained through their more extensive contacts with the family members. Problems in the emotional care of the children and difficulties in their own behavior and emotional adjustment characterized more than four out of five mothers in both groups. Most problem areas were checked somewhat more often for mothers in the experimental group; the exceptions were marital functioning, employment functioning, household management and social functioning in the community.

If a problem was perceived, it was more likely to be a focus of service in experimental than control cases--94% versus 76%. This is hardly surprising in view of the much greater contact with the mothers in the experimental group, as reported in Chapter 4. What is surprising is that the

caseworkers serving control cases were able to focus on as many of the problems of the mothers as they did. However, the more frequent contact with the mothers in the experimental group apparently paid off, for improvement was reported on 59% of their problems, as compared with 36% of those in the control group. Most of the remaining problems were seen as unchanged, with only 6% and 8% reported as worse for the two groups, respectively.

Table 5.9

Frequency of Problems Cited for Mothers and Fathers and Percentage of Improvement in Those Evaluated[a]

Area of Functioning	Mothers				Fathers			
	Exper. (N=352)		Cont. (N=137)		Exper. (N=115)		Cont. (N=48)	
	No. Cited	% Better	No. Cited	% Better	No. Cited	% Better	No. Cited	% Better
Emotional care of child	301	61	112	42	87	53	32	48
Behavior/emotional adjustment	296	63	111	44	86	39	28	41
Financial mgmnt.	189	62	65	32	61	41	27	44
Physical care of child	179	62	66	39	45	46	20	26
Use of community resources	176	67	53	34	47	59	19	44
Household mgmnt.	162	63	67	34	34	63	17	20
Physical health	153	54	53	47	37	34	12	36
Social functioning in community	147	50	62	29	41	32	18	41
Marital	130	45	56	28	82	39	33	29
Employment	92	37	46	20	53	21	Not available	
Total	1825	59	691	36	573	43	206	38

a. About 2% of the problems cited were not evaluated.

Table 5.9 shows the number of mothers and fathers for whom a problem was reported in each of the functioning areas and the percentage of evaluations in which improvement was noted. The areas are listed in the order of their frequency among the mothers in the experimental group. As may be seen, improvement was reported in each functioning area for a markedly higher proportion of the mothers in the experimental group. The only

areas in which improvement was reported for less than half of the mothers with the problem were marital functioning and employment functioning. For the control group mothers, for whom fewer problems were recognized, the proportion showing improvement was under 50% in every area.

Fathers averaged slightly fewer functioning problems than did the mothers, but this difference could be more than accounted for by the fact that workers generally had less contact with and therefore less information about fathers, even when they were in the household. Again, the experimental group exceeded slightly the control group--4.5 and 4.3 (if one omits employment functioning for which information is not available for the control group.) As with the mothers, but to a lesser extent, problems recognized in the experimental group were more likely to be a focus of service than was true with the control group (80% versus 71%). Again, improvement was more common in the experimental group (43% versus 38%), but by a much smaller margin than with the mothers. In both the experimental and control groups, no change was reported in half of the functioning problems, while 8% of the functioning problems of the fathers in the experimental group were judged worse by the time of the outcome evaluation, as compared with 13% of the problems of the control group fathers.

Data on the individual problem areas in the fathers functioning given in Table 5.9 present some anomalies, which may reflect merely the small numbers we are dealing with. In five of the areas in which we have comparable data, the experimental group fathers did better, with the most striking difference in household management. In four of the nine areas, the control group fathers did a little better, but the differences are not substantial.

Other Problems

We have discussed the functioning of the study children and their parents, and modifications in their problems in the course of service. Several other potential problem areas were explored and compared for the experimental and control groups. One of these was the emotional climate of the home. This was seen as a problem in 83% of the experimental and 74% of the control cases, a difference we attribute to the fuller information the caseworkers had on the experimental cases. This problem, if present, was almost always a focus of service in experimental cases (98%) and usually, in control cases (86%). It was regarded as improved in nearly two-thirds of the experimental, but in little more than a third of the control cases (62% versus 36%).

The relationship of the nuclear family to other relatives was considered important, because of the potential for support or conflict. Problems with the extended family were recognized in a little more than half the experimental cases and a little less than half the control cases (56%

versus 46%). Again, if recognized, they were more likely to be a focus of service in the demonstration units (89% versus 76%), and to show improvement (49% versus 34%).

What about difficulties with children in the family other than those specifically in the study group? In 37% of the experimental cases and 24% of the control cases, problems of other children became a focus of service. Here too improvement was reported for a higher proportion of the experimental cases with such problems (49% versus 28%).

Finally, there are the practical areas of income and housing, which have a serious bearing on the parents' ability to care adequately for their children. The same pattern holds that has applied to the areas already discussed: problems in income and housing were recognized in a higher proportion of experimental cases, attention was more often focused on them, and a greater proportion of them improved. The figures on frequency and improvement in "other" problems are summarized in Table 5.10.

Table 5.10

Frequency of Occurrence and Percentage of Improvement in "Other" Problems

	Experimental (N=356)				Control (N=144)			
Problem Area	No. With Problem	Percentage Better	Same	Worse	No. With Problem	Percentage Better	Same	Worse
Emotional climate of home	296	62%	30%	8%	106	36%	46%	18%
Relationship with other relatives	199	49	46	5	66	34	56	10
Problems of other children	130	49	48	3	35	28	63	9
Income	215	52	45	3	61	35	57	8
Housing	200	36	30	4	59	34	51	15
Total	1040	57	38	5	327	34	52	14

Extent of Goal Achievement

On the Outcome Schedules the caseworkers were asked to assess the extent to which the goals of the case had been attained. This global assessment

of the outcome of service has been found useful in other studies.[5] The responses, as given in Table 5.11, further substantiate the greater effectiveness of the intensive service of the demonstration units.

Table 5.11

Extent of Goal Achievement

Extent	Experimental		Control	
	No.	%	No.	%
Entirely	124	35	20	14
Partly	152	43	62	43
Minimally	47	13	44	31
Not at all	32	9	18	12
Total	355	100	144	100

$x^2 = 33.80$, 3 df, $p < .001$

The contrast is marked in the proportions in which goals were regarded as achieved entirely (35% versus 14%) and in which goals were attained minimally or not at all (22% versus 43%).

Financial Implications of the Demonstration

Financial data are ordinarily thought of as hard data--accurate, not subject to the vagaries of judgments or differences in interpretation. Not so. Decisions of what to include in costs and how to project cost figures are matters of judgment. Also, noneconomic costs and benefits, crucial to a thorough analysis of a service program, are based on value judgments and are beyond the scope of this analysis.

What we attempt to do here is to make the most reasonable assessment of the savings in foster care expenditures during the life of the demonstration and to project those savings over a modest period of time. We also attempt to estimate what it would cost to provide such an intensive program of service on an ongoing basis.

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5. Edmund A. Sherman et al., Service to Children in Their Own Homes. New York: Child Welfare League of America, 1973, pp. 83 ff.; and Ann W. Shyne and Renee Neuman, A Commitment to People. New York: CWLA, 1974, pp. 58-59.

As has been indicated, the children in the experimental cases spent an average of 94 days in foster care during the life of the project, while the children in the control group spent 118 days in care. If the children in the experimental group had spent the same number of project days in care as did the control group children, this would have amounted to an additional 24 days per child for a total of 15,888 days, or 44 additional years of foster care during the project year alone.

New York City reimburses voluntary agencies at the rate of $13.60 per day for foster family care and at approximately $36 per day for institutional care. These figures are an understatement of costs to the city, since they do not include the administrative and service costs of the public department in carrying a case in the foster care system. Similar rates apply to purchase of care in Monroe and Westchester, but such purchase is relatively uncommon in these two upstate counties, and estimates of the cost to the counties of providing foster care were not available. Because 38% of all the days spent in foster care during the project by children in the experimental and control groups were in New York City, and because foster care rates comparable in coverage to the New York City reimbursement rates were not available for the upstate counties, the New York City rates for purchase of care seemed the best available and most appropriate basis for estimating foster care costs. Since about 80% of the study children in foster care were in foster family care and 20% in institutional care, we weighted the two rates accordingly for an estimated average daily cost of $18.

At $18 per day the 15,888 additional days the children in the experimental group might have spent in foster care would have cost $285,984 within the project period alone. But the savings in foster care costs during the demonstration represent only a small proportion of probable savings, since costs continue to accrue for children who remain in care beyond that period. At the close of the project, 28% of the children in the experimental group and 39% of those in the control group were still in care. If a comparable proportion of the experimental group had been in care, an additional 71 children would have been in foster care at the cut-off date.[6] How long they might have remained in care is, of course, a matter of conjecture. The best estimate we have is the average length of time in foster care of the children discharged from care in the year

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6. That the projections based on the proportions in care at the close of the project may be conservative is suggested by the fact that the gap between the experimental and control groups in the proportion of children in care was even wider 6 months later. At that time, 22% of the children in the experimental group and 40% of those in the control group were in placement. The whereabouts of the children 6 months after the end of the project is covered in detail at the end of this chapter.

ending September 30, 1975, by the New York City agencies that participate in CWIS (Child Welfare Information Services).[7] CWIS, which obtained the information at our request, found that these children had been in care for an average of 3.9 years. At the rate of $18 per day or $6570 per year, additional savings in foster care expenditures of $25,623 per child, or $1,819,233 for the 71 children, could be anticipated in 3.9 years. Adding this figure to the estimated savings in foster care expenditures of $285,984 during the project period itself yields an estimate of over $2 million saved in foster care expenditures as the result of this project. These projected costs do not include a correction for inflation, which has been estimated in New York City at 12% a year for institutional care and 7% for foster family care.[8]

The next question is: How much did it cost to save over $2 million in foster care expenditures? According to reports from the nine demonstration agencies, the total expenditures of the units from initiation of the project to the cutoff date for evaluation was $1,026,961, of which 77% was expended by the voluntary agencies in New York City and 23% by the Monroe and Westchester Departments of Social Services. We believe, for several reasons, that this total is a gross overestimate of the costs of delivering such a service on an ongoing basis. One reason is that demonstration workers did not have full caseloads during most of the study period. This was due primarily to the exceedingly slow admission of cases to the project, particularly in New York City, because of the slow rate of referrals, the need for screening studies to identify cases that might demonstrate results within the time limits of the project, and the assignment of one out of every three suitable cases to the control group. It was not until the end of June 1974, 4 months after the official starting date in New York City, that the New York City demonstration units had 50% of their projected caseloads, and not until the end of September that they had full caseloads. The buildup of cases was somewhat more rapid in the two upstate counties. In addition to the slow buildup of cases, there was reluctance to replace cases as they terminated because of the uncertainty of refunding after the first year of service. Ninety project cases closed before the end of the project, but only 14 were added, and these few additional cases were not included in the study group.

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7. Children in temporary care are underrepresented in these data because those in public temporary care facilities are not included. This does not, however, lessen their applicability to the study children for very few of these children were in temporary care at the end of the project.

8. David Fanshel and Eugene B. Shinn, Dollars and Sense in the Foster Care of Children. New York: Child Welfare League of America, 1972, page 23.

A second reason why the total expenditures of the demonstration units overstate the cost of service is the drain on staff time due to the research requirements. The 18-page Baseline Data Form, the 7-page Monthly Service Schedule and the 11-page Outcome Schedule due on every case required much more time than would normally be devoted to record keeping.

A third factor was the wide geographic dispersion of the caseloads. Because of the slow buildup of caseloads, the units came to accept cases from areas farther and farther away from their base offices. Nearly every project administrator and caseworker mentioned the geographic spread of the caseloads as a barrier to service delivery, because of time spent in traveling and becoming acquainted with the resources of diverse communities. Each recommended the decentralization of such service programs in the interest of both quantity and quality of service.

All of these factors reduced the number of children served during the project below the number that could be anticipated for an ongoing service. Clearly, no precise adjustment can be made for these factors. We have attempted to adjust only for the first factor. Since most of the demonstration units required 3 months or more to accumulate half of their caseloads, it seems reasonable to regard at least the first 3 months of the demonstration units' operation as a tooling-up phase and to deduct 25% of the total expenditures for the project from the estimate of costs for an ongoing service. This would reduce costs to $770,221, for an average of $2065 per case per year for the 373 families in the experimental group, or $1162 per child for the 663 children.

The most important missing link in our cost data is information on the cost of child welfare services, other than foster care, for children in the regular program. Certainly not all of the $770,221 expended by the demonstration units constitutes costs that would not otherwise have been incurred. We have, however, been unable to obtain data of sufficient specificity on the costs for child welfare administration and service (other than foster care) from any of the three public departments in the project, although each attempted to develop such figures. If one were to assume that non-foster care costs in the regular program were one-third those of the demonstration units, this would mean that approximately $513,000 (or $773 per child) additional was invested to save $286,000 in foster care costs during the project year and a probable total of $2 million within 5 years.

There are, of course, many other aspects of cost that are not accounted for here, but it is thought that many of them would balance out between the control and experimental groups. For instance, these figures do not provide for any additional service beyond the project year to the families in the experimental group, many of whom would need further service, but the figures also do not include the continued non-foster

care costs for the control group. The cost of AFDC payments to mothers who are enabled to keep their children at home are not considered, but then again neither are a myriad of unknown, long-range costs or benefits that might accrue to society through the children in either the experimental or the control group as they grow into adolescence and adulthood.

As Irwin Garfinkel has said: "Most issues of concern to the social work profession involve economic questions. Although knowledge of relevant economic theory and research is a prerequisite for sound policy analysis of these issues, the role of economic analysis in policy choice must, of necessity, be modest. Economic analysis cannot settle debate over priorities. What the priorities of social work should be is a question of values."[9]

October 1975 Followup--An Epilogue to the Outcome Data

All of the children in the experimental and the control groups were followed up to determine their whereabouts on October 1, 1975, 6 months after the close of the study period in New York City and 5 months after its conclusion upstate. The purpose of this step was to find out whether or not the reduction in foster care identified at the end of the project for the experimental group as compared with the control group was sustained. It was conceivable that special efforts had been made by demonstration staff to defer placement of children until after the outcome evaluation, with the result of a later spurt in placements of children kept at home during the study year. On the other hand, it was possible that returns home from foster care might have been planfully deferred by demonstration staff until the end of the school year and would not therefore have been reflected in whereabouts when the project ended in the spring.

Through the demonstration agencies, New York City SSC and CWIS, information was obtained on the whereabouts of the study children on October 1. The findings are given in Table 5.12. The followup data indicated not only that the greater success of the demonstration as compared with the regular program in keeping children at home and returning them home had been sustained, but that the differential in the success of the two programs had increased. Of the children in the experimental group 78% were at home on October 1, 1975, as compared with 60% of the children in the control group. This difference in favor of the experimental group is much more marked than at the end of the project, when the figures were 72% and 61%, respectively (see Table 5.1).

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9. Irwin Garfinkel, "The Economics of Social Welfare Programs," Social Work, XIX (September 1974), page 605.

Table 5.12

Children at Home as of 10/1/75
by Location at Assignment and Subgroup

Initial Location and Subgroup	Experimental			Control			p
	Total	At Home No.	%	Total	At Home No.	%	
Initially at home							
Total	355[a]	326	92	169	130	77	< .001
NYC Preventive	173[a]	154	89	68	50	74	< .01
NYC Rehabilitative	18	15	83	6	6	100	b
UPS Preventive	143	136	95	81	65	80	< .001
UPS Rehabilitative	21	21	100	14	9	64	b
Initially in foster care							
Total	306	190	62	160	69	43	< .001
NYC Preventive	134	95	71	70	30	43	< .001
NYC Rehabilitative	131	63	48	67	31	46	NS
UPS Preventive	6	5	83	1	1	b	b
UPS Rehabilitative	35	27	77	22	7	32	< .01
TOTAL	661[a]	516	78	329	199	60	< .001

a. Omits one child who died.
b. Numbers too small for computation.

In both New York City and the upstate counties, a significantly higher proportion of the children in the experimental group than in the control group were at home. The percentages were as follows:

	Experimental	Control	p
New York City	72%	55%	< .001
Upstate	92%	69%	< .001

Of the children who were at home initially a handful of those in both the experimental and control groups entered foster care between the date of the outcome evaluation and October 1. However, at the latter date the proportion at home was 92% for the experimental group and 77% for the control group, a differential slightly larger than shown in

Table 5.2 at the end of the project. For each of the four subgroups except the New York City Rehabilitative group, the proportion of children at home was appreciably higher for experimental than for control group children.

With respect to the children initially in foster care, the effectiveness of the demonstration program is much more strongly indicated by the followup data than the data at the end of the project. By the later date 62% of the experimental group children had returned home, as compared with 43% of the control group children. (By the end of the project 6 months earlier, 47% of the children in the experimental group and 38% in the control group had returned home--see Table 5.3). The results at followup were most dramatic for the New York City Preventive group (71% versus 43%) and the Upstate Rehabilitative group (77% versus 32%).

Merging all of the subgroups, as in Table 5.13, may bring into sharper focus the effectiveness of the demonstration service in reducing foster care.

Table 5.13

Percentage of Children Home
at Various Times

	Experimental (N=663)[a]	Control (N=329)	p
Assignment	53%	51%	NS
End of Project	72	61	< .001
6-month followup	78	60	< .001

a. The N for the end of the project is 662 and for the 6-month followup, 661.

In brief, the followup information sustains the earlier findings that intensive service is more effective than the regular program in keeping children at home. The later data add an important finding, namely that intensive service is also more effective in returning children home, although this takes more time to accomplish. Finally, these figures emphasize the conservatism of the cost figures generated in the preceding section, based on the proportions of children in foster care at project end.

Chapter 6

ANALYSIS OF OUTCOMES

The intensive services of the demonstration units were more effective than the regular service programs in reducing the number of placements and the time in placement. The intensive services were also more effective in dealing with problems in the parents, the child and the environmental situation. Furthermore, placement was reduced without jeopardy to the well-being of the child. As is pointed out in Chapter 2, the use of an experimental design allows one to assume with reasonable certainty that significant differences in outcomes between the experimental and control groups, where the two groups were well-matched at the outset, are attributable to the differing experience of being in the two groups: In this case, something about being in the experimental group produced more favorable outcomes.

The demonstration service was not, however, uniformly effective. Some of the demonstration cases progressed very well during the project, but others showed no improvement or even deteriorated. The effort in this chapter is to see what factors within the experimental cases were associated with good outcomes. Might we be able to say that certain kinds of families or problem situations respond more readily to the special service while others are likely to require a greater investment? or that, when certain service patterns are present, cases do well? Such findings about factors associated with favorable outcomes can make a contribution to the planning of future services to prevent or shorten foster care. (At best, we will be able to speak only of the <u>association</u> of client, problem, or service factors with outcomes, not of factors <u>causing</u> certain outcomes, because it is possible that the more promising cases received more service or a different kind of service. The interaction of type of case and type of service cannot be untangled in these data.)

Outcome Indicators

A considerable number of outcome measures were reported in Chapter 5. For purpose of analysis of factors associated with outcome, three outcome indicators were computed for each family. Two of these indicators, Placement Ratio and Goal Achievement, are single items. The other, Status at the time of the outcome evaluation, is an index comprising six individual items: 1) the whereabouts of the children at the time of evaluation, 2) the desirability of their whereabouts, 3) the

likelihood of maintaining or achieving the desired whereabouts, 4) the well-being of the children, 5) the effect of their current environment on well-being, and 6) the number of functioning problems in the family that were present but not improved by the close of the case.

1. The Placement Ratio is the proportion of days that study children spent in foster care during the time they were in the project. This figure was computed on both a child and a family basis. Figures for the children are presented in Chapter 5, Table 5.5. In this chapter, the family is the base. For instance, if a case with two study children entered the project 270 days before the end of the project (the end of the project is used as the final date for computing the Placement Ratio even if the case closed earlier), there were 540 days that those study children might have spent in placement (270 days x 2 study children). If one of them spent the entire time in placement and the other never entered placement, the family would have a Placement Ratio of 50 (270 days actually in placement ÷ 540 days potentially in placement--decimal point is dropped), meaning that 50% of the project days that might have been spent in placement were spent in placement. The range in Placement Ratio, then, is from 0 to 100, with a 0 indicating that none of the project days was spent in placement, and 100 indicating that all of the project days were spent in placement. This is the only outcome measure of the three in which the lowest score represents the best outcome. It is also the only outcome measure available on all 372 experimental cases included in the outcome analysis (one family from the original 373 was dropped because the study child died during the project).

   The distribution of the Placement Ratio is as follows:

Placement Ratio

0	43%
1 - 25	14
26 - 50	10
51 - 75	7
76 - 99	8
100	21

Mean = 38
Median = 19

2. The extent to which goals were achieved is a global assessment made by the worker completing the Outcome Schedule, a measure available on 355 cases. The distribution follows:

Goal Achievement

Entirely	35%
Partly	43
Minimally	13
Not at all	9

When treated as a continuous variable for correlational analysis or computing mean scores, the item is converted to a 4-point scale, with "entirely" having the high score.

3. Each of the six items in the Status Index is scored 0 for a negative outcome, .5 for an average or neutral outcome, and 1 for a positive outcome, and all items must be present for the index to be computed. The theoretical range of the score, then, is 0 to 6, with a 0 indicating a negative outcome on all six items and a 6 indicating positive outcome on all items. The actual range is 1 to 6, with a mean of 3.7. The distribution of the 352 cases on which we have Status Index scores is as follows:

Status Index Scores

1.0 - 1.5	9%
2.0 - 2.5	18
3.0 - 3.5	24
4.0 - 4.5	21
5.0 - 5.5	19
6.0	9

As is shown in Table 6.1, the three outcome indicators are significantly intercorrelated, with Goal Achievement and Status Index having a much stronger association with each other than either of the two have with Placement Ratio.

Table 6.1

Intercorrelation of Outcome Indicators on Experimental Cases[a]

	Placement	Goals	Status
Placement Ratio	--	.25	.25
Goal Achievement	.25	--	.60
Status Index	.25	.60	--

a. All correlations are statistically significant.

Experimental-Control Comparisons on Outcome Indicators

Before concentrating on the factors associated with outcomes on the experimental cases, let us see how the experimental and control groups compared on these measures.

Table 6.2

Outcomes for Experimental and Control Cases, by Location and Type of Case

Study Group	Mean Outcome Scores[a]					
	Placement Ratio		Goal Achievement		Status Index	
	N	Mean	N	Mean	N	Mean
Total						
Experimental	372	38	355	3.0***	352	3.7***
Control	176	45	144	2.6	169	3.2
NYC Preventive						
Experimental	171	33*	167	3.1**	163	3.7
Control	77	46	46	2.7	70	3.4
NYC Rehabilitative						
Experimental	95	70	90	3.0	90	3.7
Control	45	72	44	2.7	45	3.2
UPS Preventive						
Experimental	70	7	64	3.0***	64	3.7**
Control	35	6	35	2.4	35	3.0
UPS Rehabilitative						
Experimental	36	34	34	3.0*	35	3.6
Control	19	50	19	2.4	19	3.0

a. Positive outcomes are indicated by low scores on the Placement Ratio, but high scores on Goals and Status.

* = < .05 ** = p < .01 *** = p < .001

Table 6.2 presents the mean scores on the three outcome measures for the total experimental and control groups and the four subgroups. The experimental group is favored in 14 of the 15 comparisons shown in the table, and in half of those by a statistically significant amount. The Placement Ratio did not differ significantly for the experimental and

the control cases except for the NYC Preventive group. On the other two indicators the total experimental group did exceed the total control group to a significant degree. The difference on Goal Achievement was significant for three of the four subgroups as well. The Upstate Preventive group was the only subgroup in which the experimental cases did significantly better than the control cases on the Status Index, although in each subgroup experimental cases were favored. Encouraged by the fact that these three measures reflect the better outcomes for cases assigned to the special demonstration service reported in Chapter 5, we turn now to a search for the factors that were associated with outcomes in the experimental cases.

Independent Variables in Relation to Outcomes

In considering the variables associated with outcomes, it is important to remember that this analysis is confined to cases selected for intensive service because they were thought likely to respond to it; thus this sample is not a cross-section of the foster care population.

We selected for examination 30 independent variables that seemed theoretically relevant to outcome. These fell into three groups: 10 Background Factors, which included demographic and social characteristics of the families; 12 factors descriptive of the Problem Situation at the time of assignment to the project; and 8 Service Factors. Table 6.3 presents the significant correlations of these independent variables with the three outcome measures. The independent variables are worded in the table in such a way as to indicate the response we thought would be associated with favorable outcomes. Thus a positive correlation indicates that our expectations were borne out by the data, while a negative correlation indicates that the data contradicted our hypothesis.

Of the 30 factors looked at, all but five were significantly correlated with at least one of the three outcome measures. (Four of the five factors with no significant correlations with the outcome measures were Background Factors.) However, there was considerable discrepancy between the items correlating with Placement Ratio and those associated with the other two measures. On only two items, both Service Factors (number of services provided and worker-client relationship), did Placement Ratio and one or both of the other outcome measures have a significant correlation in the same direction. The worker-client relationship is the only item of the 30 to have a significant correlation in the same direction with all three outcome measures. It had a higher correlation with both Goals and Status than did any other item. One factor from the Problem Situation domain (recency of problem), yielded significant correlations with both Placement Ratio and the Status Index, but in opposite directions: Children in families where the problems were long-standing spent less time in placement than their counterparts, but had poorer outcomes in terms of the six components of the Status Index. The remaining variables tended to be associated significantly with either Placement Ratio or Goals and/or Status.

Table 6.3

Significant Correlations of Selected Independent Variables With Three Outcomes Measures (Experimental Cases)

Background Factors	Placement Ratio	Goal Achievement	Status Index
Few children in family	--	.19	.15
Two-parent family	.13	--	--
Older mother	--	-.16	-.21
Mother primary caretaker	.11	--	--
Mother better educated	--	--	--
Mother white, not Hispanic	--	--	.12
Income adequate	--	--	--
Housing adequate	.12	--	--
Father employed	--	--	--
Availability of helpful relatives	--	--	--
Problem Situation Factors			
Few children of concern	-.16	--	--
Problem of recent origin	-.22	--	.16
Family not known long to agency	.14	--	--
Referred by parents, relatives or friends	-.19	--	--
Few problems seen at intake	-.24	--	--
Not a protective service case	--	.12	--
Problem not primarily in parent or child functioning	--	.14	.24
Mother positive toward children's being at home	--	.11	.20
Father positive toward children's being at home	--	.23	--
Good emotional climate of home	--	--	.14
No previous placements	-.14	--	--
All children home at assignment	.73	--	--
Service Factors			
Large number of--			
Interviews with family	--	.15	--
Collateral contacts	--	--	--
Total service contacts	--	.13	--
Months open	--	.19	--
Services provided	.11	.13	--
All needed services provided	--	.14	.18
Interviews of long duration	--	.13	--
Positive worker-client relationship	.11	.30	.27

The variable with the strongest association with the Placement Ratio was the location of the children at the time of assignment (r=.73). This was not unexpected in view of the earlier findings. However, several factors, all in the Problem Situation domain, showed significant correlations with Placement Ratio but in the opposite direction from our expectations. Most of the correlations that look so puzzling--e.g., fewer days were spent in placement when there were more presenting problems, and when the problems were of a long-standing nature--reflect New York City-upstate differences once again (detailed in Chapter 3): many fewer children were in placement initially or ever upstate, but, more problems and problems of longer standing were identified upstate, and many more cases were referred by agencies in the community rather than by parents or friends, etc.

On two items the correlations with Goals and/or Status ran counter to expectations; those were the mother's age and racial or ethnic background. It was expected that more progress would be achieved with older mothers and mothers not faced with the additional problems of racial discrimination or language barriers, but these expectations were not borne out.

Goal Achievement was the outcome measure most responsive to the Service Factors. This may reflect the fact that the assessment of Goal Achievement is made by the person providing the service, and is highly subjective. However, one of the Service Factors, the worker-client relationship was significantly associated with all three outcome measures. There were six components to the relationship assessment: client felt liked, understood, helped in practical ways, and helped emotionally by worker; client also felt free to talk with worker, and trusted worker. Each relationship component individually yielded significant, positive correlations with Goals and Status, but only "helped emotionally" was significantly correlated with Placement Ratio.

The only factor examined that yielded an impressive correlation with any outcome measure was the initial whereabouts of the children with Placement Ratio, but even that item was not significantly associated with Goal Achievement and Status at case closing. Clearly no single item was of great value in predicting what kind of case with what kind and amount of service would do particularly well. Clear too are the interrelations of many of the independent variables (for example, age of mother and number of children, number of interviews and worker-client relationship). We wished, therefore, to look at the independent variables in combination, and to do so pursued the route of multiple regression, which, in simplest terms, permits examination of the relation of a number of independent (or predictor) variables to a dependent (or criterion or outcome) variable, taking account of the overlapping effects of the independent variables.

Variables Selected for Multiple Regression Analysis

The Status Index was selected as the primary outcome measure for the multiple regression analysis. There were several reasons for that choice: the Status Index unlike the other two outcome measures had a normal distribution; it is less subjective than the worker's assessment of Goal Achievements; it is composed of several items, some of a hard data nature and others qualitative; it is the most descriptive and comprehensive indicator of how things were at case closing; it does discriminate between experimental and control cases. Sixteen factors--four describing the family background, six on the problem situation and six service factors--were selected as the independent or predictor variables for the analysis. Three aspects of mother's initial functioning and the predominant role of the worker in interviews with adult family members had not been included in the earlier correlational analysis (Table 6.3), but were added at this point. A significant association with the Status Index and/or theoretical relevance, and parsimony determined the factors selected.

We have already noted the significant correlations of the independent variables with Status (Table 6.3). Several of the independent variables, however, were categorized descriptively (e.g., race--white, black, Hispanic) rather than counted (e.g., number of interviews). On these variables it was thought that another form of presenting and testing their relationship with the Status Index would be desirable. Table 6.4, presented for this purpose, shows the deviation from the mean Status Index score of cases falling in different categories on each variable. The magnitude of the deviations is small, but in many cases the means of the categories differ significantly. The direction of the deviation is the important consideration. For example, cases with white, not Hispanic mothers had an average Status Index score below the mean, while the average score for cases with black mothers was above the mean; cases with an Hispanic mother fell right at the mean. This difference among the three ethnic groups was significant. Although families with adequate incomes showed Status Index scores higher than the average, the differences among those with adequate, marginal and inadequate incomes were not sufficiently large to be statistically significant. Not surprisingly, the average Status Index score was higher when the mother had a positive attitude about the child's remaining or returning home and when the emotional climate of the home was good.

Another item of information that may be of interest is the relation to Status Index scores of the most important problem prompting the need for foster care. The deviations from the overall mean show that cases in which children's problems were the primary difficulty achieved the lowest mean Status Index scores, while cases in which a problem with the parents was primary did somewhat better, and those where the environmental situation or interpersonal relations, rather than the parent's or child's functioning, was the primary problem did best. Because of this

general pattern, we used in the multiple regression analysis the item denoting whose functioning was a factor in placement, rather than the lengthy problem list.

Table 6.4

Deviations From Mean Status Index Score (3.7)
on Categorized Variables

Factor	No.	Deviations	p
Race or ethnicity of mother			< .05
Black	179	+ .1	
Hispanic	63	0	
White, not Hispanic	109	- .2	
Adequacy of income			NS
Adequate	113	+ .2	
Marginal	80	0	
Inadequate	126	0	
Mother's attitude toward child's being home			< .001
Positive	208	+ .2	
Negative	129	- .3	
Emotional climate of home			< .05
Good	60	+ .5	
Fair	147	- .1	
Poor	102	- .2	
Most important problem[a]			NS
Inadequate housing	13	+ .6	
Marital conflict	14	+ .5	
Financial need	14	+ .4	
Parent unwilling to care for child	19	+ .3	
Parent immature, overwhelmed	16	+ .2	
Parent's behavior/ emotional adjustment	118	- .1	
Parent's illness	13	- .1	
Abuse, neglect	58	- .2	
Parent-child conflict	23	- .2	
Child's behavior/ emotional adjustment	41	- .3	

Table 6.4 Continued

Factor	No.	Deviations	p
Whose functioning is a factor in placement			< .001
Neither parent nor child	20	+ 1.6	
Parent only	156	+ .1	
Child only	25	- .1	
Parent and child	151	- .3	
Worker-client relationship			< .001
Very positive	35	+ 1.0	
Moderately positive	160	+ .1	
Neutral	138	- .3	
Moderately negative	19	- .5	
Most frequent worker role			NS
Arranging other services	29	+ .4	
Advice, guidance	124	+ .1	
Emotional support	90	0	
Seeking information	29	- .1	
Promoting understanding	80	- .3	
Caseworker's education and experience			< .05
M.S.W., 3+ years' experience	122	0	
M.S.W., less than 3 years' experience or B.A., 3+ years' experience	211	+ .1	
B.A., less than 3 years' experience	19	- .8	

a. Categories with fewer than 10 cases are omitted.

Across all of these variables the subgroups that achieved the lowest Status Index scores were the cases in which 1) the functioning of the child and the functioning of the parent were both factors in placement; 2) the mother's attitude toward the child's returning or remaining at home was negative; 3) the primary problem was in the child's behavior or emotional functioning; 4) the worker-client relationship was not positive; 5) the predominant worker role was classified as promoting clients' understanding; and 6) the worker had little social work experience and did not have an M.S.W. The subgroups achieving the highest Status Index scores were those in which 1) no one's functioning was a

factor in the need for placement, 2) the emotional climate of the home was good, 3) the most important problem was in the area of housing, financial need, or marital conflict, and 4) the worker's predominant role was the arrangement of other services. A recurrent theme in factors associated with outcome is the better outcomes in cases where the problem is not located in the functioning of parent or child but in the environmental situation. It is likely that a major role of the worker in such cases would be arrangement of other services.

Multiple Regression Analysis

We employed a stepwise multiple regression analysis to answer the following questions: 1) How much variation in the Status Index scores can be explained by the 16 independent variables taken in combination? 2) Which of the independent variables when entered in stepwise fashion add significantly to the amount of variation that is explained? 3) Of the three sets of factors looked at--the family background, the problem situation and the services--which are most closely associated with the outcome measure, Status Index?

The importance of determining the factors that explain the variation in outcome is that one can then predict what kinds of cases tend to do well and how much of what kind of service is effective. This analysis indicated that 26% of the variation in the Status Index scores is explained by the 16 independent variables ($R=.51$, $R^2=.26$). If the 16 variables had explained 100% of the variance in outcome scores, this would mean that, within this sample of cases, one could predict actual outcome scores in every case from information on the independent variables. In the real world of social work research, such ideal results are never attained, and findings are often of about the size reported here. Although the figure of 26% is highly significant, it leaves 74% of the variation in Status Index--the outcome measure--still unaccounted for. Obviously, in this study, a great many characteristics of the clients that are probably highly related to outcomes are missing from the independent variables, e.g., a measure of ego strengths, motivation, hopefulness, energy.

The independent variables were introduced one at a time (stepwise) into the regression analysis and in a predetermined order. It seemed logical to consider first the pre-existing, background conditions of the family, then to introduce the factors that described the current problem situation, and finally to take account of the service factors. The importance of the order in which variables are introduced is that the factors introduced first are given greater weight, for any variance later factors have in common with them is lost to the early factors. Table 6.5 shows the order in which the variables were introduced into the multiple regression, the simple correlation of each with the Status Index, the increment in the variance explained by the addition of each variable, whether or

Table 6.5

Variance in Status Index Explained by Selected Independent Variables: Results of Stepwise Multiple Regression Analysis

Independent Variable	Simple Correlation	Variance Explained: Increment	Variance Explained: Cumulative[b]
Background			
Few children in family	.15*	.023*	.023
Mother's age	-.21*	.028*	.051
Adequacy of income	.07	.004	.055
Mother white, not Hispanic	-.12*	.010*	.065
Problem Situation			
Whose functioning is a factor in placement[a]		.060*	.125
Parent and child	-.16*		
Child only	-.01		
Parent only	.04		
Neither parent nor child	.27*		
Mother's attitude to child's being at home	.20*	.021*	.146
Mother's child care functioning	.25*	.019*	.165
Mother's behavior/emotional adjustment	.18*	.007	.172
Mother's other functioning	.13*	.000	.172
Emotional climate of home	.14*	.002	.174
Services			
Number of family interviews	.03	.001	.175
Number of different services provided	.03	.001	.176
Predominant worker role[a]		.021*	.197
Promoting understanding	-.12*		
Seeking information	-.03		
Emotional support	.02		
Advice, guidance	.06		
Arranging other services	.09		
Worker-client relationship	.27*	.042*	.239
Worker's education/experience	.04	.010*	.249
All needed services provided	.18*	.014*	.263

a. To enter this nominal variable into the multiple regression analysis it was necessary to convert the categories into a set of dummy variables each answerable by yes or no. The final dummy variable in such a set is not entered into the regression but is presented here to provide a complete picture of the simple correlations for the set. The underlined figures represent the increment and the cumulative variance after the entire set had been entered into the regression.

b. All entries are significant at or beyond the .01 level.

* = p at or beyond .05.

not the size of that increment was sufficiently large to be statistically significant, and the total amount of variance explained after the addition of each successive variable.

From the final column of the table it may be noted that the four Background Factors accounted for 6.5% of the variance in Status Index scores. Having a small number of children and a young mother, particularly a black or Hispanic mother, contributed significantly to the prediction of outcome.

When one adds to these demographic factors six aspects of the Problem Situation, 17.4% of the variance is explained. Of the six items examined after the effect of the Background Factors is taken into account, three added significantly to the variance explained: whose functioning was a factor in placement, the mother's attitude toward the child's remaining or returning home, and the mother's child care functioning.

Accounting for 17% of variance is statistically respectable, but practically it means that, among the selected cases in the experimental group, one could not have predicted very successfully from information available at intake which ones would be likely to have good outcomes. If Service Factors are also considered, the predictive power is increased considerably. When six Service Factors were added to the Background and Problem Situation Factors, the amount of variance explained increases to 26.3%. The overall quality of the worker-client relationship was by far the most potent factor, with the worker's predominant role, the worker's education and experience, and the absence of needed service that could not be provided, also contributing to the variance explained.

We were interested in the power of the Service Factors examined separately in explaining the variance in Status Index scores. (This was done in a separate analysis, the results of which are not shown in Table 6.5.) The six Service Factors, taken alone, explained 11.7% of the variance, as compared with 6.5% explained by the Background Factors alone and 17.4% explained by Background plus Problem Situation. Thus, the service input, particularly the worker-client relationship, was highly significant in predicting differential outcome among the cases receiving the intensive service of the demonstration units.

In summary, the analysis of case and service characteristics in relation to case outcome identifies some of the factors that are associated singly and in combination with differential outcome. Some came as a surprise; we had anticipated better outcomes for older, white mothers, and instead found better outcomes for young, black and Hispanic mothers. The mother's functioning in child care and her attitude toward having the child at home were very important, as was the locus of the problem in the environmental situation or the parent only (as contrasted with the child or the child and the parent). The worker role and worker-client relationship carried considerable weight, as had been expected, while measures of quantity of service did not.

In general then, cases involving few children of young, black or Hispanic mothers whose functioning and attitude toward the child were not severely disordered did better, if a warm, trusting, open relationship was established between client and worker. Although the general findings cannot be interpreted as indicating that results are readily predictable from the data we worked with, they provide useful if not definitive clues to successful outcome. These clues from the statistical analysis are in accord with the opinions of the project directors about the kinds of cases that are likely to benefit most and least from the services available through the demonstration. They saw as promising cases young families coping with problems of not long standing and including an adult with some motivation to deal with the problem situation. Families with severe pathology, a long history of entrenched problems, and acceptance of the status quo were seen as unpromising. The directors also stressed the potency of the worker-client relationship, noting the effect of worker concern, consistency, respect and confidence in helping the clients to mobilize their own capacities to deal with problems.

Chapter 7

SUMMARY AND CONCLUSIONS

Summary

The cost of foster care has risen precipitously. Many of the children entering foster care for a presumably temporary period get locked into the system for prolonged periods. The importance of secure, continuing relations with parental figures to the welfare and development of children has been increasingly recognized. These are among the factors that have prompted interest in programs to enhance parental competence and so to reduce placements away from home and shorten the duration of those that do occur.

In 1973 the New York State Legislature authorized the establishment and funding of demonstration projects to test the effectiveness of intensive family casework services to prevent the occurrence and recurrence of foster care placements. The services were to be limited to cases in which a social service official had determined that substitute care would be necessary in the absence of such service. Local social service districts were invited to submit plans for such demonstrations, and the Child Welfare League of America was asked to assist in structuring the demonstrations and to evaluate the results.

Locus and Timing of the Demonstrations

Contracts for demonstrations were awarded to the Departments of Social Services of New York City, Monroe County and Westchester County. The New York City Department subcontracted with seven voluntary child welfare agencies with foster care programs to establish special service units for cases referred by the public department. In Monroe and Westchester Counties the demonstration units were set up within the public department to serve cases referred from other parts of the department.

The demonstration programs were initially funded for 1 year, and it was that year on which the evaluation was focused. The programs came into operation in New York City on April 1, 1974, and were evaluated through April 1, 1975. The operational period in Westchester County followed by 1 month. In Monroe County operations did not begin until August, 1974, and the study period was necessarily reduced to 9 months to permit analysis of the data along with those from the other settings. Intake of study cases to the demonstration units terminated October 1, 1974, in

New York City and November 1 in Westchester and Monroe, so that every study case could have the opportunity for at least 6 months of service during the year to be evaluated.

Eligible Cases

Cases were eligible for the demonstration if at least one child of concern was under 14 years of age, had a relative available as a potential caretaking person, and was at risk of entering placement or of remaining in placement for a prolonged period in the absence of intensive service. Thus cases could be drawn from intake or from the agency's foster care caseload. Since no objective criteria were available for determining which cases would be responsive to intensive service, each case channeled to the demonstration units was evaluated and a judgment made on whether the outcome of intensive service would be different from that of the regular service program, and whether this difference would be observable within 6 months.

Research Design

The primary objective of the evaluation was to determine the effects of the special service on the placement experience of the study children. To insure that any apparent effects of the demonstration service were in fact attributable to the special service, eligible cases were assigned randomly to the demonstration program (experimental cases) or to the regular program (control cases), with a ratio of two experimental cases to one control case. A secondary objective was to determine the characteristics of the cases and of the service input that were associated with different outcomes.

Extensive baseline information on each experimental and control case was obtained from a schedule completed by the caseworker as a basis for determining eligibility for inclusion in the project. Outcome data were also obtained on each case at the time of case closing or at the end of the study period. This information, which covered many aspects of the functioning and circumstances of the children and their families, was supplemented by data on the whereabouts of the children on October 1, 1975.

Detailed Monthly Service Schedules were submitted on cases in the experimental group. On the control group, whose identity was not to be emphasized, since this could affect case handling, summary data on service input were reported on the Outcome Schedule.

The Study Group

A total of 549 cases, involving 992 children of concern, were admitted to the project. Of these cases 354 (or 64%) were so-called "Preventive" cases, as the children had not yet been admitted to long-term foster care, and 195 (or 36%) were "Rehabilitative" cases in which the objective was to accelerate return home or adoptive placement, or to avert reentry into foster care. (Case selection was planned with a view to having the Preventive cases compose at least 60% of the total study group.) New York City contributed 389 cases, Westchester County 91, and Monroe County 69.

The mother was the only parent in the household in over two-thirds of the cases. The families were relatively large, with an average of 3.1 children. Over half the mothers were black, about a third white and 18% Hispanic. Nearly half were Protestant, and most of the rest Catholic. Only a third of the families were considered to have an adequate income, and six out of 10 were receiving public assistance. A third had inadequate housing, and for only a small proportion was the emotional climate of the home rated as good.

The study group consisted of multiproblem families, but an emotional problem or mental illness of a parent was the single factor most often considered the primary problem underlying the need for placement (29%). In two-thirds of the cases the primary problem lay in some aspect of the parents' functioning. Problems regarding the child (14%), family relationships (11%) or the environmental situation (8%) accounted for the rest. The mothers presented, on the average, problems in five out of 12 areas of functioning, and fathers, about the same number.

The median age of the 992 study children was 6 years. The children had fewer and less severe functioning problems than did their parents. Difficulty in relations with parents was by far the most common, followed by behavior problems and school difficulties. Although some aspect of the child's functioning was the primary problem in only 14% of the cases, it was a factor in the placement needs of 35% of the children.

The families in the Preventive group requested, on the average, two types of service. Counseling was sought by nearly four out of five families and placement was requested by one out of three. (Similar information was not obtained on the Rehabilitative cases, which had already been receiving foster care service for a considerable time.)

Of the baseline characteristics on which information was obtained, the experimental and the control cases differed significantly on only two. The mothers in the control cases had more functioning problems (5.5 versus 4.9), and more of the children in the control group than in the experimental group were considered to be facing imminent placement (21% versus 15%), rather than placement within 6 months (25% versus 34%).

The differences were few enough and small enough for the groups to be regarded as well matched, the intent of the random assignment. Baseline differences were much more marked between the Preventive and Rehabilitative subgroups, and between the New York City and upstate samples, than between the total experimental and control groups.

The Preventive and Rehabilitative cases differed by definition, in that the issue in the Preventive cases was a recent or an anticipated placement while the issue in the Rehabilitative cases was a long-term placement. The two subgroups differed on a number of characteristics, with many of these variations reflective of the basis for their entry into the project.

The New York City and upstate (Monroe and Westchester) cases also differed markedly from each other. A higher proportion of the New York City families were black or Hispanic and had inadequate income and housing, and they had nearly three times as many children already in placement. The upstate families on the other hand, were reported as having more, and more severe, problems in parental and child functioning. Upstate workers anticipated that more services would be provided under the regular program than did New York City workers.

Services Provided to Experimental and Control Cases

Both the cases assigned to the demonstration and to the regular program were open, on the average, about 8½ months during the project year, but those in the demonstration program received a great deal more service than those in the regular programs. The experimental cases received many more service contacts than the control cases; twice as many interviews were held with the mothers and four times as many contacts were made with collaterals. The experimental cases received more types of service than the control cases, with the central service of casework counseling supplemented by a variety of practical services. The differences between experimental and control cases in quantity of service were much more marked in New York City than upstate, where the control cases received a considerable amount and range of service.

In the experimental cases the workers much more often identified one of the services as making a substantial contribution to progress in the case, and that service was usually counseling, which the demonstration staff regarded as essential to the delivery of other services. Less often in the experimental cases were needed services not provided. The caseworkers judged the service to have been more helpful in the experimental cases, a difference greater for New York City than upstate but significant in both locations.

Greater detail is available on the services provided to the experimental than to the control group. Nearly two-thirds of the interviews with adult family members in the experimental cases were held in the families'

homes. Their subject matter was principally the parents' functioning in the parental role, the parents' own behavior and emotional adjustment, the child's functioning within the family, and the child's behavior or emotional adjustment. The caseworker's role in the interview was most often that of giving advice and guidance, and providing emotional support or reassurance. In the judgment of the worker, the interpersonal relationship of worker and client was usually highly positive, with the principal client feeling liked, understood and helped by the worker.

Service was provided the experimental cases by a total of 46 different persons who occupied the 39 casework positions in the nine demonstration units. Though the caseworkers varied widely in age, race, education and experience, the typical worker was a white female between 25 and 34 years of age, with a master's degree in social work, and about 5 years of experience, usually in child welfare. The project directors differed in their opinions about the desirable education and experience, but they were unanimous about the importance of the personal qualities of commitment, warmth, flexibility, maturity and good judgment. Case aides, employed in five of the nine units, were found to be of great value, particularly in relieving the caseworkers of activities such as escort service and work with community resources.

The Outcomes of Service

The effectiveness of the intensive service provided in the demonstration units as compared with the regular program was strongly supported by the consistently more favorable outcomes for experimental than control cases.

1. The average child in the experimental group spent 24 days less in foster care than did the average child in the control group during the project year. The proportions of project days spent in foster care were, respectively, 35% and 43%.

2. Fewer of the experimental group children spent any time in foster care--52% versus 60%.

3. More of the experimental group children who were at home initially were still at home at the end of the project--93% versus 82%. Six months later the difference was even more marked--92% versus 77%.

4. More of the children who were initially in foster care had returned home by project end--47% versus 38%. At the 6-month followup the effectiveness of the demonstration service was much more strongly indicated, with the figures 62% and 43%.

5. The whereabouts of the experimental group children at project end was more often considered the desirable permanent plan, and, where the desired plan had not been achieved, workers on experimental cases were more optimistic that it would be attained within 6 months.

6. A higher proportion of the problems of children in the experimental group had shown improvement by project end--62% versus 52%.

7. Assessment of the children's well-being indicated no detrimental effects of the reduction of time in placement for the experimental group.

8. Problems of the parents were more often the focus of service in the experimental group, and improvement was reported in a much larger proportion of the problems of the mothers in this group (59% versus 36%) and in a somewhat larger proportion of fathers' problems (43% versus 38%).

9. Problems in the emotional climate of the home were much more often alleviated in experimental group cases (62% versus 36%), as were problems in relations with relatives (49% versus 34%).

10. Difficulties in the areas of income and housing more often received attention in experimental group cases, and, when they did, improvement was much more often reported (income--52% versus 35%; housing--66% versus 34%).

The differences between experimental and control groups were much greater in New York City than upstate, where the system made it possible for the control cases to get considerably more service than the control cases in New York City.

Financial Implications

The demonstration service cost approximately $1200 per study child, as compared with estimated annual foster care costs of close to $6600 per child.

Had the children in cases served by the demonstration staff spent as much time in foster care as their counterparts in the control group, this would have added nearly 16,000 days of foster care at a cost of approximately $286,000 during the project year alone. If as large a proportion of the children in the experimental group as in the control group had been in foster care at project end, the cost of care for the additional children until their estimated discharge date 3.9 years later would amount to a further expenditure of $1.8 million.

Factors Associated with Favorable Outcomes in the Experimental Group

Although the outcomes for the experimental group were much better than for the control group, they were by no means uniformly good for all cases. An extensive exploration of the characteristics of the cases and of the service provided did not yield a definitive picture of the kind of case most likely to respond to intensive service, nor of the precise components of effective service. It did, however, provide some clues to the factors associated with favorable outcomes.

With respect to whereabouts at the end of the project and time in care, the initial whereabouts of the child outweighs any other factor. It is much more feasible to keep a child at home than to return a child home once he or she has entered foster care, though the 6-month followup indicated that service was also effective in returning children home, given sufficient time.

The Status Index, an outcome measure based on the whereabouts of the children at the end of the project, the desirability of the whereabouts, the well-being of the children, and the problems present at the time of evaluation, was computed on each case. A number of background, problem and service characteristics of the experimental cases were examined individually and together in relation to the Status Index. The only characteristics of the family revealed by a multiple regression analysis to be predictive of more favorable outcome were having a small number of children and being a young mother of black or Hispanic ethnicity. Three problem situation factors were associated with favorable outcomes: if the problem giving rise to the need for placement did not reside in the child but in the parent or the environment, if the mother was positive in attitude toward the child's being at home, and if her own child care functioning was not severely disordered, the outlook was good for a favorable outcome.

Of the aspects of service examined, a good relationship between client and worker was the most important predictor of good outcome. If the caseworker had professional training or several years of experience, the worker's principal role in interviews with adult family members was an active one of giving advice or arranging practical services, and all needed services were provided, the promise of positive outcome was enhanced.

Conclusions

The project reported here tested and demonstrated the effectiveness of intensive family services in averting or shortening placement. It demonstrated further that this was accomplished with benefit to the children and at lower cost. It also testified to the lack of responsiveness of existing systems to the financial and housing needs of disadvantaged families. The difficulties of families in "negotiating the

system" are enormous, especially in large metropolitan communities. Restrictive eligibility requirements, inconsistency of regulations across systems, and misinterpretation by staff of the complex rules within which they operate posed severe and often insurmountable problems even for experienced social workers in their attempts to assist project families in utilizing theoretically available services. As mentioned in Chapter 4, special liaisons had to be set up in New York City to expedite the handling of problems in income maintenance and housing. The failure of these systems to meet family needs may well result in placement, which is costly in both human and financial terms.

Our first recommendation is, therefore, that every effort be made to modify the structure, policies and practices of the support systems of the community so that disadvantaged families are helped to use them effectively. This recommendation, we recognize, goes beyond the intent of the project, and specification of ways to implement it clearly lies beyond the competence of the research team. We cannot in good conscience, however, refrain from stressing its high priority, for in the absence of well functioning economic, housing and health provisions, child welfare and other social services are seriously handicapped in their efforts to support and enhance parental competence.

Our second recommendation is that family services, such as were provided in the project, be made available in every community in accordance with the needs of families, without restrictive eligibility requirements. We recognize that some service to assist families in performing their parental roles is currently provided by child welfare agencies in New York State and elsewhere, but it is usually provided under some other guise and at a late phase of problem development. It may be offered by the intake staff of foster care divisions and agencies, but then it is incidental to the central service of foster care and it is likely to be sought only when the possibility of foster care is under consideration. It may be offered by protective service staff, but then only to families whose child care is recognized by the community as seriously deficient. "Preventive service" is a misnomer when problems have progressed to the point of considering the removal of the child from his or her family or when parental functioning has deteriorated to the point of a complaint being lodged against the family. Beneficial results were attained in the present project even though cases were picked up at this late point, but the demonstration services were more effective in keeping children at home than returning them home and more successful with families not already long known to the child welfare system. We believe, therefore, that earlier intervention is highly desirable.

Even with early intervention, not all foster care placements will or should be averted. When such placement is necessary, continuing service to natural families is essential. Attention should not shift away from the natural parents to the foster parents or institution, if the parents are to be helped toward greater competence in parenting,

with a view to resumption of care of their children. The relation of parent and child must be nurtured, not weakened, and parental responsibility for decisions about the child should not be abdicated.[1] Intensive service to parents is needed to effect and sustain the return of children to their families.

What are the components of such services as suggested by the experience of the demonstrations? Although there is ample room for variation in service methods and styles of operation, certain elements seem essential.

1. The preventive aspect of service should be provided on a decentralized basis, readily available to potential users and provided by staff well informed about neighborhood resources. If it is to be truly preventive, it should be offered through a service unit separate from foster care and protective services.

2. The rehabilitative aspect of the service, provided to families of children in foster care, may well be offered through the foster care unit or agency, but must give primacy to the natural families, many of whom in this study were hostile toward and distrustful of the foster care staff, since they felt excluded from decisions and pushed out of their parental roles.

3. Caseloads must be small (10-12 families) to permit close contact with families--nuclear and extended--and ample time for extensive work with other agencies and organizations.

4. The service should be staffed by caseworkers with social work training or considerable social work experience, supplemented by case aides or social work assistants.

5. Even more important than training and experience are the personal qualities needed in staff--commitment, flexibility, warmth, good judgment and a belief in people.

6. Supplementary services such as day care and homemaker service, which are crucial supports to some families, must be readily available when needed, with their provision not contingent on eligibility requirements other than need.

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1. The importance of parental involvement to children's return home is documented in David Fanshel's "Parental Visiting of Children in Foster Care: Key to Discharge?", Social Service Review, IL, 4, December 1975, pages 493-514.

7. The caseworker should operate in a coordinating and advocacy capacity as well as in a direct counseling role, to insure that appropriate services are provided. Case management and advocacy are as important as emotional support, advice on practical decisions and counseling on interpersonal problems for fragile families trying to cope with multiple problems.

8. The findings of this project suggest that better results may be achieved quickly with young families, not burdened with chronic problems and severe pathology. No characteristic, however, augured strongly against good outcome, and service factors were highly important to outcome even after the effects of background and problem factors had been taken into account. We believe it would be a gross error, therefore, to confine preventive and rehabilitative service to the most promising cases. We recommend rather that the net be spread wide. Realistic goal setting and periodic evaluation of progress can then be used to decide whether the service investment should be continued, without the injustice of screening out initially the families whose own resources may be mobilized by a concerned and active counselor and who may be most in need of this "second chance."

APPENDIX A

LAWS OF NEW YORK.--By Authority

CHAPTER 911

AN ACT to authorize demonstration projects to establish the feasibility of preserving the family unit by providing services to eliminate the need for foster care and to prevent its recurrence, and making an appropriation therefor

Became a law June 22, 1973, with the approval of the Governor. Passed by a majority vote, three-fifths being present

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. In order to minimize the incidence of separation from the family unit of dependent children by providing intensive family casework services in lieu of foster care or institutionalization and to prevent the recurrence of the need for foster care or institutionalization in cases where it has already been provided and has been terminated, a social services official may submit to the commissioner of social services for his approval a plan for a demonstration project or projects to be applicable to all or to a portion of such families in his social services district. The project or projects shall be designed to establish feasibility as effective methods of preserving and restoring family units.

§ 2. Notwithstanding any provision of the social services law or any other law to the contrary, the state commissioner of social services may, subject to the approval of the director of the budget, approve, and a social services official is authorized to sponsor, conduct either directly or through contract, and participate in the operation of such demonstration projects as the commissioner of social services may approve for the purpose of providing for the more efficient administration of social services.

Such demonstration projects are to include intensive family casework services designed (a) to preserve the family unit and thereby prevent the need for substitute care or placement of children; and (b) to provide aftercare services for families whose children have been in foster care.

§ 3. Provision shall be made by social services officials, in cooperation with the state commissioner of social services, for the development of cost-benefit information with regard to such demonstration project or projects and their effectiveness as preventive services to children and their families. Social services officials shall cooperate with the department in the conduct of such projects whenever the department shall request or require such participation and cooperation.

§ 4. Such intensive family casework services may be provided only after social services officials have made findings that the children will be placed in foster care in the absence of such services and that it is reasonable to believe that, by providing intensive family casework services, the child will be able to remain with his family.

§ 5. Positions created under such project or projects shall remain in existence for a period no longer than the duration of the project or projects. Appointments to such positions shall be specifically designated and shall be made for a period not exceeding the duration of the project.

§ 6. The project or projects may be approved for a period not to exceed two years from the date of approval.

§ 7. The sum of five hundred thousand dollars ($500,000), or so much thereof as may be necessary, is hereby appropriated to the department of social services and made immediately available for its expenses, including personal service, in carrying out the provisions of this act. Reimbursement by the state shall be paid to any social services district having an approved project under this act in the amount of federal funds, if any, properly received or to be received on account of such expenditures and fifty per centum of the amount expended for such demonstration project, after first deducting therefrom any federal funds properly received or to be received on account thereof. Claims for state reimbursement shall be made in such form and manner and at such times and for such periods as the department of social services shall determine in approving the plan for such demonstration project or projects. When certified by the department of social services, state reimbursement shall be paid from the state treasury upon the audit and warrant of the comptroller out of funds made available therefor.

§ 8. The state commissioner of social services is authorized, subject to the approval of the director of the budget, at any time not less than six months after the commissioner's approval of such project or projects to allocate additional funds, out of money appropriated to the department of social services and not required to accomplish the purposes of the original appropriation, for the continuation and expansion of such demonstration projects as may, in his judgment, be advisable, subject to the provisions for reimbursement contained in section seven of this act.

§ 9. This act shall take effect thirty days after it shall have become law.

STATE OF NEW YORK)
Department of State) ss:

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOHN P. LOMENZO
Secretary of State

APPENDIX B

UNSUITABLE CASES

One of our initial objectives was to estimate the volume of cases for which intensive service to prevent placement would be needed if such service were provided on an on-going basis. This required identification of all cases coming to the attention of the three public agencies during the intake phase of the project, and the determination of whether each met the eligibility requirements of the demonstration and whether each eligible case was considered suitable for the project.

As indicated in Chapter 2, it did not prove feasible in any of the settings to obtain total coverage of intake. The New York City agencies submitted Baseline Data Forms on 145 eligible but unsuitable cases, and Westchester County on 6 such cases. Because full coverage was not being achieved and because completion and processing of the Baseline Data Forms was absorbing an undue amount of time on the part of both the project caseworkers and the research staff, a one-page form was devised for reporting on unsuitable cases.

Of the unsuitable New York City cases on which Baseline Data Forms were submitted, a maximum of 20 per agency were selected for analysis. This yielded a total of 116 cases. The reasons for classifying them as unsuitable are given in Table B-1. In 24% of the unsuitable cases the parents' behavior or functioning was regarded as too seriously disturbed for the special services of the project to make a difference, and in another 22% the degree of disturbance of the child precluded effective use of service to prevent placement. In 18% it was thought that intensive service might be effective but not within the time limits of the project. Another 18% were judged unsuitable because of the parents' desire for placement, unwillingness to care for the child, or ambivalence about caring for the child. In 3% the family refused service. Thus, in 85% it was thought that the demonstration services would not avert or shorten placement because of the seriousness of the problems giving rise to the need for placement. In contrast to this large majority of the unsuitable cases were 15% in which intensive service was not deemed necessary, as the child would remain at home or return home without special intervention.

Table B-1

Reasons for Unsuitability of Cases
in New York City Sub-Sample

Reason	No.	%
Severity of disorder in parental behavior or functioning	28	24
Severity of disorder in child's behavior or functioning	25	22
Parental request for placement, unwillingness or ambivalence re care of child	21	18
Time limits of project	21	18
Intensive service not necessary	17	15
Family refusal of demonstration service	4	3
	116	100

These 116 unsuitable cases were compared with the 249 New York City suitable cases in the Preventive group on the major variables covered by the Baseline Data Form. With respect to demographic and social characteristics, the unsuitable cases were apparently somewhat better off than the suitable cases. The unsuitable cases differed to a statistically significant degree on the following:

Better educated mothers--11.3 years versus 10.5 years
Lower incidence of previous placement--16% versus 26%
Inadequate income less common--27% versus 42%
Housing space more often adequate--55% versus 35%

The two groups did not differ significantly on incidence of two-parent households, number of children, public assistance status, or mother's age, race or religion. There was a significant difference in the evaluations of the emotional climate of the home with the unsuitable cases being rated "poor" almost twice as frequently as the suitable cases.

With respect to the mother's behavior, emotional adjustment, physical and emotional care of the children, and supervision and guidance of the children, a higher proportion of the mothers in unsuitable cases were reported as having severe problems, but on none of these items were the differences large enough to be statistically significant. In the view of the workers, emotional and behavior problems of a child and the parents' unwillingness to care for the child were somewhat more often the most important problem in unsuitable cases, but again the differences were not significant.

Where the two groups differed most markedly and most consistently was on the parents' interest in placement. In 83% of the unsuitable cases but only 35% of the suitable cases placement was the service wanted, whereas casework service was desired in only 21% of the unsuitable but 76% of the suitable cases. Nearly half (45%) of the mothers in unsuitable cases were opposed to the child's remaining at home or returning home, as compared with 6% of the mothers in suitable cases. The mothers' feelings were reciprocated to a degree by the children, with a higher proportion of the children in unsuitable cases opposed to remaining at or returning home (17% versus 5%). These attitudes doubtless contributed to the poor emotional climate of the home reported above.

The two groups also differed significantly in the number of children already in placement with other agencies, the number of children considered to need placement within 6 months, the number of children of concern, and the length of time the case had been known to the agency. On each of these the unsuitable cases had a lower average. However, the problem prompting the need for service was more often described as chronic in unsuitable cases (30% versus 18%).

The picture of the unsuitable cases is slightly muddied by the fact that they include a small number in which the situation was expected to right itself without intensive service. The general pattern, however, appears to be a family somewhat less disadvantaged in socio-economic terms than the suitable case, but with a greater severity of parental and child pathology and greater resistance to the parental role. The family in unsuitable cases had had less experience with the foster care system and had greater readiness to utilize it.

Rightly or wrongly caseworkers seem reluctant to try to reverse parents' decisions to seek placement. In an earlier study the parents' request for placement was found to be one of the strongest predictors that placement would be considered the desirable plan for the child.[1] Again in this project a request for placement and expressed unwillingness to care for the child was a strong factor in concluding that intensive service would not alter the child's entry into or continuance in placement.

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1. Michael Phillips et al., Factors Associated with Placement Decisions in Child Welfare. New York: CWLA, 1971 , page 25.